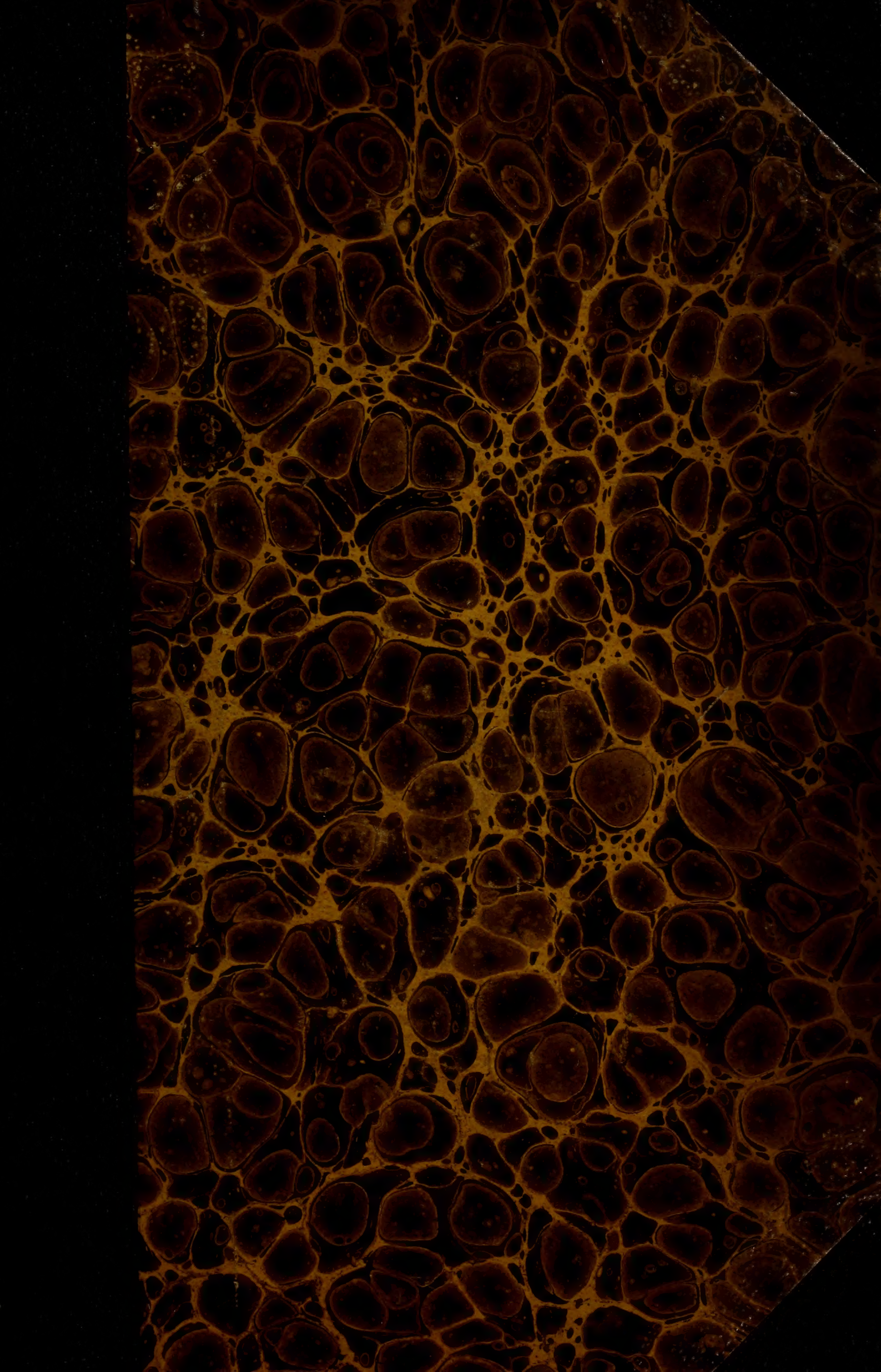

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ORIGINAL CONTRIBUTIONS.

ON THE THERAPEUTICAL ACTION AND THE USES OF THE PREPARATIONS OF IRON AND MANGANESE.

BY PROF. CLEAVELAND.

"*Natura Duce.*"—Many practitioners of medicine, and particularly those who have had ample instruction at the College and in the Dead House of the Hospital, are prone to forget, that a knowledge of the *natural* condition of the human organism, unembarrassed and unchanged by the action of disease, is the true basis of the practice of medicine.

The term *physiology*, has now come to mean more than the mere science of vitality. It includes all the processes, or changes that occur in the living, healthy organism, whether those changes be simply chemical, mechanical, chemico-vital, or what is vaguely indicated by the term, vital; all that conduce to originate and perfect the living body, and maintain its healthy continuance.

All the phenomena of human life, growth, and developement, from the earliest germ of animal existence, to the perfection of the matured individual, and including not the whole, simply as a unit, but the growth and developement of each organ, tissue and structure, singly, and collectively, and how they are affected by the external agents,—all this pertains to the science of physiology; and all this should be understood by the physician as a basis for his practice.

It is this knowledge, which the physician must possess before he can understand the laws of disease and of decay, which are but departures from the laws of health, and of developement.

The structures and functions of the healthy organism, must be more or less perfectly understood, before these departures can be discovered, much less comprehended, except when they have progressed so far as possibly to have produced changes entirely beyond the control of the healing art. Disease is not always understood to be a departure from the healthy action, or to consist of simply the presence in the system of one or more hurtful substances which should be neutralized or expelled. By the populace, and sometimes by the practitioner, diseases are supposed to be entities, and are even individualized in the imagination, and almost endowed with a body—certainly spoken of in the same terms which are applied to embodied individuals.

As was intimated, the prosecution of the study of *pathology* in the dead-house, and not in the living organism, has contributed to this error. There may have been some error in the diet, so that improper materials have been admitted into the blood; or, when the digestive functions have been imperfectly performed, so that the food has not been properly fitted for the purposes of nutrition and growth, the *kidneys* may have labored to remove these hurtful substances from the blood, and thus protect the system from injury. After the presence and action of the deleterious substance has impressed the kidneys so as to change them from their normal condition, the knife of the pathological anatomist may bring to our knowledge that fact, but it certainly would fail to reveal the primary departure from health; a knowledge of which would be the only guide to the therapeutist.

The knife of the anatomist has never yet revealed the origin of the departure from health in diabetis, or the source of malarial or contagious diseases. It is true, that in many instances the microscope has aided our vision, and enabled us to discover the essential cause or condition of disease, and that the reagents of the chemist have rendered similar assistance in others. But these discoveries have been made in the *fluids*, and the departures from health can not be discovered in the solids, until that departure has been wide and marked.

Too many of the writers on Disease and its treatment, appear not to be aware that the great majority of diseases exist as derangements of the fluids, in many instances, long prior to any discoverable changes in the solids. The researches in the dead-house, only tend to confirm this error, which is perpetuated by the language of the profession. Hence the necessity of continuous effort to counteract these mistakes.

As a means to this end, I propose to consider certain matters connected with the healthy and morbid condition of the Blood, and particularly in regard to the Corpuscles of that fluid, together with the resources in our possession, for restoring the blood to its normal condition, when from any cause they are deficient.

Within the past thirty years *Chemistry* has done much more than is generally supposed, for the advancement of our knowledge of disease and its treatment. The microscope has contributed its aid, until now, we are able to comprehend with certainty, healthy and morbid processes which were literally hidden mysteries to our fathers.

By the assistance of these, we have come to know that all the ductless glands in the system, and perhaps some which are supplied with excretory ducts, are engaged in the process of making, out of the food and other materials floating in the circulating fluids, what are known as the *white corpuscles* of the blood, and that these are, some of them, at least, afterward changed into the *red* corpuscles of the blood.

These remarks are designed, mainly, as *prefatory* to the consideration of the Therapeutical action, and the uses of the preparations of *Iron* and *Manganese*.

Although the action of the preparations of Iron when taken into the system, may not be fully understood, yet that they are necessary to the blood in a certain amount, in a state of health, and that in the blood, iron is used as one of the ingredients in the formation of the *red corpuscles*, is in accordance with the views of all writers and teachers. Iron was one of the earliest medicines of whose use we have any record, and has always borne the character of a Restorative Hæmetic, as all classes of physicians have seen the necessity of its being supplied to the system for the purpose of going to the blood and to remain in that fluid. Hence Pereira gave chalybeates the prominent position of an entire order, the *Hœmatinicœ*, which he defined to be, "Medicines which augment the number of blood corpuscles, or the amount of hæmatin in the blood."

The term CHALYBEATE, includes *all those preparations of Iron which are used in medicine.*

Simon says: "Iron is found in considerable quantities in *hœmatin*, the principal coloring matter of the blood; also in lymph, chyle, black pigments of the eye, hair, etc. It is also found in lesser proportion in bile, urine, sweat, milk, etc." In another place he says: "The amount of iron contained in the urine, is frequently very minute, and can only be detected in the ash." He also says that, "Becquerel made some interesting remarks on the influence of ferruginous preparations on the urine in chlorosis. In a majority of cases, the iron is partially carried off by the urine; sometimes without any apparent reason, it is absent from the urine in which it was found on the preceding and succeeding days."

The results of all experiments, go to establish the conclusion, that while a small amount of iron may be necessary to the constitution of the coloring matter of the hair, and the black pigment of the eye, that it is never found elsewhere in the system, except when it is going in the chyle and the blood to be united with the blood corpuscle, or is in the red corpuscle, or in the bile or urine on its way to be excreted from the body.

As we find but a minute trace of iron in the pigments of the hair and eyes, our attention is mainly drawn to the metal, as an ingredient of the red corpuscles.

Rose found, according to his mode of testing, that of the entire *ash* of the blood, the iron was in ox-blood 6.84, in milk 10.47, in yolk of egg. 1.85 in white of egg, 2.09, in horse-flesh, 1.00, in bile, 0.23, and in feces, 2.09.

According to Von. Laer, the amount of iron in the hair, is about 0.4 per cent. of the entire weight of the hair, of from one-ninth to one-half the weight of the entire ash of the hair.

Carpenter remarks: "The presence of this substance in such large and constant amount, especially in the nutritive fluids, shows that it can not be regarded as an accidental component." He further says: "As almost every article of ordinary food, whether animal or vegetable, contains iron, its presence in the system is easily accounted for. Under ordinary circumstances, this source will be quite adequate; but when there is a deficiency in the amount of red corpuscles of the blood, and it is desirable to accelerate their production, the administration of iron in a separate form, especially in conjunction with a diet of which animal flesh constitutes a large part, usually promotes their development."

Liebig says: "The red globules contain a compound of iron; and no other *constituent of the body* contains iron."

Almost all the chalybeate salts are readily soluble in water, and those which are not thus soluble, become so by being acted upon by the acids to be found in the stomach, and as they are absorbed into the blood and act upon it. The exact part of the system where they become combined with the other ingredients to form Hæmatosin, perhaps can not be proved. M. Mailhe, is of the opinion that when the iron, or its salts enter the circulation, they are acted upon by the albuminate of soda contained in the blood, and they and the soda undergo a double decomposition and recomposition, during which the albuminate of iron is formed, which Mailhe considers the basis of the red corpuscle of the blood. That author does not affirm that that is the only mode in which the red corpuscles are formed, but he says that such a change is produced, and supposes that when a per-salt of the iron is added to the blood in chlorosis, the blood corpuscles are manufactured in this way, and he rests his opinion, in part, on an experiment which consisted in pouring a neutral per-salt of iron into an albuminous solution, containing a certain quantity of chloride of sodium, when a copious deposite of the red albuminate of iron is thrown down; which red albuminate of iron greatly resembles the matter that composes the blood disks both in its color and composition, and also in that it is insoluble in saline solutions, but freely soluble in pure water.

As the iron does not naturally exist in the blood, except in the substance called Hæmatosin, or the red-coloring matter, it may be that M. Mailhe has pointed out the exact chemical changes it has to undergo to fit it for that combination. Could we now discover where, or in what part of the system the white blood-corpuscles receive the Hæmatosin and become red, we would learn what organs are mostly engaged in this process of making red out of white corpuscles, and where the derangement might be expected to be found, which leads to a deficiency of this important element of the blood; and also what organs are primarily deranged which produces chlorosis, and other diseases in which there is a deficiency of red corpuscles.

Hewson seems to have been the first to suggest that the *spleen*, together with the Thymus gland as well as the Lymphatic glands, tended to the formation of the white corpuscles of the blood. Although his observations were at first received with considerable distrust, yet many careful observations, by many different physiologists since his time, have only confirmed his statements.

The spleen is connected with the liver by a large vein, in which there are no valves, and many observers had seen in the splenic vein, a very large amount of colorless corpuscles, and J. H. Bennet has shown that when the spleen has become greatly hypertrophied, the amount of the colorless corpuscles is greatly increased. Others have shown that in early childhood, when the spleen is much larger in proportion than in adults, that there is also a correspondingly large proportionate excess of the white corpuscles. Hence, Carpenter says that "There seems a strong probability that whilst the plasma of the blood is being elaborated by these bodies, a constant supply of new blood-corpuscles is afforded by them."

Prof. Kölliker maintains that one of the functions of the spleen, is to dissolve the red-corpuscles of the blood, and to prepare their Hæmatine to become the coloring matter of the bile, which is voided with the feces. This is the way in which the system excretes those materials, as the iron, which go to make up the coloring matter of the blood, after it has become so worn out that it can no longer subserve any useful purpose in the animal economy. He formed this opinion from having under the microscope so frequently seen what he thinks to be the red-corpuscles in a state of disintegration. This also accords with the experiments of Bernard, who, on analysing the blood of the splenic vein, found that fluid to have but a comparatively small amount of the red-corpuscles—but a comparatively large amount of the albuminous material, showing that while this deficiency in red-corpuscles exists, the *albuminous* portions of the disintegrated gobules were not wanting. Dr. Otto Frinke has also, by means of chemical and microscopical examinations of the blood of the splenic vein proved a remarkable difference between the splenic venous blood, and the venous blood of other parts of the system. The white corpuscles were very numerous;—in one instance they equalled a quarter or a third of the colored particles. In some places they were mixed up with the red particles. Although not absolutely certain of the fact, Frinke believes that in one instance he was able to trace the transition from the white to the red corpuscles—tracing the transition forms from one set of particles to another.

Many other observers have remarked upon the great excess in the number of red blood disks in the fluid going *to* the spleen, compared with the number of similar disks in the blood, passing *from* the spleen to the liver. In the latter, there is always, or nearly so, a deficiency in colored, but an excess of uncolored blood corpuscles. In regard to the liver, however, the relative amount is changed; for, although that organ receives a large amount of colorless blood corpuscles from the spleen, it sends off but very few that are not supplied with iron; and hence we may conclude that in the liver, where the blood undergoes such other marked changes as fit the carbonaceous, saccharine, and oleaginous materials for combustion, it also aids greatly, at least, in combining the iron with the blood corpuscle.

As the liver is the great agent in preparing the carbonaceous materials in the blood, to be acted upon by the oxygen of respiration, we would be justified in inferring that its action is confined to no parts of the blood, but that the corpuscles, also, are impressed by it. The connection between the admixture of the necessary amount of iron with the albumen of the corpuscles will be perceived by the following quotation from Leibig. He says:—

"The globules of the blood contain a compound of iron. From the never-failing presence of iron in red blood, we must conclude that it is necessary to animal life; and since physiology has proved that the globules take no share in the process of nutrition, it can not be doubted that they play a part in the process of respiration."

Leibig then proceeds to show *how* the iron aids in the process of oxygenation, which is the object of respiration; but it is not considered necessary to follow him, since the conclusion may be considered established, that the iron is combined with the white blood-corpuscles, changing them into the red, and that this combination is for the purpose of aiding in oxygenation, and perhaps, also, of diffusing electricity.

Iron does not constitute the *entire* of the coloring matter of the blood,—the Hæmatosin; and it has even been asserted that the red color of the Hæmatosin does not depend on the iron which it contains;—but whether this be so or not, it is fully established that the iron is essential to the chemical constitution of the red matter, and that the artificial compound of the albumen with the iron, as detailed in forming the albuminate of iron, produces a red substance very analogous to the Hæmatosin of the blood. Without the iron, the Hæmatosin could not exist, any more than carbonic acid could exist without the oxygen, or than albumen would continue to be albumen, when deprived of its nitrogen. Hence, when there is a deficiency of the coloring matter in the system, or in the blood, as manifested by a lack of the red corpuscles of the blood, iron should be administered in some form. The other ingredient of the blood, the albumen, never being so deficient in the blood of living animals, as that it can be absent and prevent the formation of the albuminate of iron, it follows that the deficiency of red corpuscles can be supplied by no other agent than by iron; and the entire profession, from the earliest recorded history, have considered iron to be a specific, and the only specific for this manifestation of disease.

The term *Anæmia*, literally signifies a want of blood, and not of any one of the elements of the blood, or any one of the combinations of that fluid; but of late it has come to be applied only to that condition of the blood where there is a deficiency of the red corpuscles. But there can be no doubt that while the blood is deficient in Hæmatosin, it is usually also deficient in some other elements, and that the administration of the proper agents in the form of aliment, or of medicine, would tend to improve the health of the patient, although it would not increase the amount of the coloring matter. The administration of iron, by supplying the want of the system, would restore to the blood the needed ingredient which could combine with the albumen to form the Hæmatosin and change the condition, which by common consent is at present styled Anæmia. In other words, iron is useful for the cure of Anæmia, which no other agent does or can cure, and as iron is not useful for any other purpose but to be made into the red corpuscles of the blood, it can not be useful as a medicine, except for that purpose.

Iron cures Anæmia, and can subserve no other purpose; but this deficiency of red corpuscles may be present in a vast variety of forms of disease, and whenever it exists the administration of a Chalybeate is indicated.

In Chlorosis, in which the blood is always in an anæmic state, or is deficient in its coloring materials, the administration of iron produces a very marked effect. Dr. Vetter gave to M. Simon a specimen of blood from a girl of nineteen years of age, suffering from uncomplicated long standing chlorosis. Simon found on analysis, that of 1000 parts of blood, only 1.431 was Hæmatin, while in healthy blood, it usually amounts to something more than 6000. Simon found the blood of a young man of seventeen years, to contain in the 1000 parts of the blood, 7.181 of Hæmatin. The blood of a healthy unmarried lady of twenty-eight years contained 5.237 parts of Hæmatin in the 1000. In one case Simon states that he found the solid constituents of the blood increased by nearly one half, and the Hæmato-globulin was also increased in the same ratio by the use of iron.

In this instance, the girl took two ounces of the tincture of iron, and 64 grains of metallic iron during a period of seven weeks, so that the amount of the metal taken each day was not large. The other parts of the system underwent a similar favorable change; for she lost the pale, leaden color, her lips and cheeks became rosy, and she appeared well and strong.

Andral and Gavarret give two cases, in one of which the iron was administered for four weeks, and the other only three weeks. In the first case, previous to the administration of iron, the blood was analyzed, and found to contain 46.4 thousandths of the blood corpuscles. After the iron had been given four weeks, the blood corpuscles were increased to 95.7 in the thousand. In the second case, the amount of blood corpuscles had increased from 49.7 to 64.3, and yet the patient had taken the iron but three weeks.

Herberger examined the blood of a chlorotic girl aged twenty years, and found it to contain only 1.590 parts of Hæmatin to the 1000. After the patient had taken Chalybeates eight weeks, he found the blood 4.029 in the 1000 of Hæmatin. Becquerel and Rodeir analyzed the blood of two girls with strong symptoms of chlorosis, and in the blood they found but a small proportion of iron. Simon reported a case of chlorosis in which the solid constituents of the blood increased under the use of iron, from 128.5 to 193.5 in the 1000 parts; the Globulin, from 30 to 90; and Hæmatosin from 1.43 to 4.59. Headland examined the blood of an anæmic girl before she had taken iron, and found that the blood corpuscles, instead of being at the normal standard of about 120 parts to the 1000, had become reduced to only 50 parts. He gave the amonio-citrate of iron in five-grain doses, three times a day. After it had been continued for four weeks, the blood was again analyzed, and the amount of corpuscles had increased to 76 parts. After another month, the red corpuscles had reached 100 parts in the 1000 and "the patient had improved immensely."

In order to see if the iron was excreted from the system during its administration,—while the patient was laboring under an anæmic condition, Headland examined the urine of a patient to whom he had been giving for some time, thirty drops at a dose of the tincture of the sesqui-chloride of the iron, twice a day; but he was unable to detect any trace of the metal in the urine. When, however, large doses of iron had been given,—more than the system could take care of—it was found to pass off with the urine and the other secretions;—some of it passing through the mucous coat of the intestines and combining with the sulphuretted hydrogen of that canal, the resulting sulphuret of the iron giving to the feces their characteristic black color. That the black color of the fecal evacuation under the use of the Chalybeates is owing to the iron not being assimilated,—thus indicating that the metal is not needed, or is given in too large doses, was first pointed out by Berzelius, and the fact is a good guide in the administration of the irons.

All the irons, or the salts of that metal, generally prove to be *astringent* to the glands through which they pass, and they are ranked among that class of medicines. The sulphate of iron is the most markedly astringent, and the tincture of the chloride the next. The latter preparation is also diuretic—its diuretic property being owing to the ether that is formed by the action of the excess of the hydro-chloric acid used, on the alcohol of the tincture.

Dr. Pereira, as has been stated, made an entire order of the Chalybeates, naming them for the action they are found to have in the system, *Hæmatinica*, and defining them:—"Medicines which augment the number of blood corpuscles, or the amount of Hæmatin in the blood." Dr. Dunglison also says that the martial preparations act on the blood itself, and through that primary action, they impress the tissues.

Other writers have been accustomed to rank iron among the tonics, and to suppose, even, that it was superior to all other tonics; but more careful chemical and physiological researches have fully established the accuracy of Pereira's definition, and also the fact that the ferruginous preparations act *only* as restoratives, and by increasing the number of the red corpuscles when they are below the normal standard in quantity, they thus cure Anæmia. The Chalybeates are not receivable into the system in amount more than is necessary to restore the deficient quantity; and, if administered when not demanded by the anæmic condition of the system, they will not be assimilated, but the system will feel their irritating presence, and labor to expel them as it would any other foreign agent.

Iron is of no avail in debility, where the bitter principle of plants is demanded, unless there is a deficiency of the red corpuscles of the blood; and even when that condition obtains, the vital forces may be at too low an ebb for the system to appropriate the iron. Almost always when iron is demanded, the bitters are also required, and, not unfrequently, cathartics, or special stimulants for the mucous surfaces; or the glands may not be able to manufacture the white corpuscles to be changed into red by the iron, and the metal will do no good.

As has been remarked, iron is useful only as a restorative, and for the cure of an anæmic condition of the blood; but this condition obtains in a large variety of cases; and as the Chalybeates have been found useful in those cases, they have been supposed to exert a specific influence over the disease, aside from restoring to the blood its normal amount of red corpuscles.

As iron is seldom given alone, or uncombined with other agents, it will be necessary to select such combinations as require the least effort for assimilation; or such as shall best fulfill as many of the indications as possible. The peculiar action of the different combinations will not be considered at present, as it is not designed in the present paper, to do more than point out the uses of the Chalybeates as therapeutic agents; and the marked difference between their action and uses, and the action and uses of toncis.

Iron acts only on the blood, and even in that fluid only tends to impress the *corpuscles*, changing the white ones to red. The tonics, on the contrary, do not act to increase in a direct manner the number of red corpuscles in the blood—they never cure Anæmia; but they impress the *whole* of the circulating fluids, counteracting the tendency which exists in that homogeneous current to undergo putrefactive decomposition; and passing through the walls of the vessels, the tonics pervade all the soft structures of the system: so that sometimes the flesh of animals which have fed on bitter vegetables, becomes too bitter to serve as food.

Although the preparations of iron have always proved useful in increasing the number of red corpuscles in the blood, there may be *three* conditions of the system which will prevent their exerting their usual therapeutic power:

1st. The stomach and intestines may be in a sluggish, or torpid, or debilitated condition, so that the iron is not properly acted upon by them: is not properly fitted to be made to unite with the albumen to form the Hæmatosin.

When such is the state of the system, the proper measures should be taken to place those organs in a more healthy condition *previous* to the administration of the Chalybeates. In many cases of Chlorosis, this matter must be attended to, or the Chalybeates will be of little avail for the cure of the disease.

2d. The liver may be so torpid, or over-active, or deranged, that *it* does not properly act upon the iron after it has been digested and introduced into the circulation. The white corpuscles and the iron may be supplied to the liver in proper quantities and conditions; but for the want of the normal action of that great gland, the elements are not united, and the cure is not effected.

In this case, proper remedial measures must be resorted to, to place the liver in a normal condition, and lead it to perform its usual functions in a natural and active manner. After this is accomplished, the irons may be administered with confidence and advantage.

3d. The iron may be properly digested, and the liver may be in a healthy active condition, but if the glands from any cause have failed to manufacture the requisite amount of *white corpuscles*, out of which and the iron, the liver would manufacture the red, of course the disease must continue. So long as there is a deficiency of white corpuscles, so long must the blood remain in an anæmic condition, without the iron or the liver being able to overcome the abnormal condition.

For the removal of this difficulty it is necessary to make use of the proper measures to restore to the blood the normal amount of the white corpuscles; and this brings me to a consideration of the therapeutic action and use of manganese and its various preparations, as remedial agents.

MANGANESE.—Manganese is the metallic basis of several compounds, and as they are not mentioned in several of the more popular works on Materia Medica, I have thought proper to enter briefly into their history, that the readers of the COLLEGE JOURNAL may thus be in possession of information which otherwise might not be readily attainable.

The native binoxide of manganese has for a long time been used in the manufacture of glass, and more recently has been prepared for the purpose of adulterating the white lead of commerce. For this purpose, large quantities are obtained from the Green Mountains of Vermont, and shipped to the lead regions bordering on the Mississippi river. It is the native *binoxide* which is officinal in the London, Edinburgh, Dublin, and United States Pharmacopœias. Although officinal, this is rarely used in medicine, but it has been used by Kapp, Voght, Coopar, Grille, Morelet, Brera, Otto, Odier, Kugler, and others. It is used in Pharmacy in the preparation of chlorine water, chloroform, and chlorinated soda water, and oxygen, chlorine, and iodine, as well as the various salts and combinations of the metal.

Metallic manganese has been found by Fourcroy and Vauquelin in minute quantities in the bones; and more recently, Millon and others have found it in the blood. The discovery that this agent is found as a natural constituent of organized structures, led Dr. Ure and others to suppose that in some forms of disease, manganese is needed to *restore* the system to its normal condition. At the suggestion of Dr. Pereira, Dr. Ure experimented with some of the salts of manganese, particularly the sulphate, and found it to act as a prompt and powerful stimulant to the alimentary canal, and particularly to the liver.

C. G. Gmelin, C. G. Mitscherlich, Goolden, Dieterich, and others, found it useful as a purgative and cholagogue in torpidity of the bowels and in jaundice. From the great power of manganese in causing a flow of bile from the liver, Drs. Thomas Thomson and Kapp used it both internally and externally in acute and chronic syphilis, in place of mercury. Dr. Goolden gave the sulphate in large doses, and found, if given when there was no food in the stomach, that within two or three hours, and sometimes within one hour, it would lead to the stomach being filled with a large amount of yellow bile. It did not act as a cathartic when given alone, but when it was combined with a cathartic the evacuations were found loaded with healthy bile; but if the manganese was continued four or five days, he found the stools constantly becoming lighter, and ultimately there was a total absence of bile, they "appearing like jaundiced stools of the color of parchment, but there is no jaundice either in the skin or urine." C. G. Gmelin experimented on criminals, and he and Dr. Ure, and others, observed also that after the sulphate had been administered a little time, so much bile would be thrown into the alimentary canal as to stain the walls of that canal nearly the whole extent, and also impart a deep tinge to the fatty and other neighboring tissues.

While the liver was found so easily impressible by this agent, it was not at first observed that *all the lymphatic system* seemed equally under its influence.

In *anœmia*, M. Hannon used different preparations of manganese, and gave a preference to the iodide. He has written several articles in its favor, particularly in anæmia attendant on scrofula, phthisis, cancer, and syphilitic cachexia. M. Peterquin, Burin, Dubuisson, Prof. Proctor, Dr. Butler, Dr. T. S. Speer, M. Gendrin, M. Gintrac, Dr. J. Kovasy, and others, have found the different preparations of manganese valuable in the different forms of anæmia.

Dr. Basham, Dr. Bence Jones, and many others in Europe and in this country, however, have failed to obtain satisfactory results from the use of this agent in anæmia, when given in the place of iron, but if administered for a few days, and then the iron used, the anæmia will be made readily to disappear.

The *rationale* of the use of manganese as a therapeutic agent is based on the fact, that it is a prompt and efficient stimulant to the lymphatic system of vessels and glands. That it does possess the power of acting as a stimulant to those organs, is either directly or indirectly shown by the reports of all who have given it a careful trial, and have reported their observations.

As the lymphatic glands are the organs which manufacture the *white corpuscles* of the blood, the preparations of manganese, when given in proper quantities, tend to greatly increase the number of those white corpuscles in the circulatory fluid.

As was remarked in a former part of this article, the chalybeates *do not* directly tend to increase the number of white corpuscles; and if, from any cause, these bodies are wanting to a considerable extent in the blood, as they are usually in all forms of scrofula, tuberculosis, cachexy, and other conditions of the system where anæmia obtains, the iron alone may, and often does, fail of curing the anæmia. In those cases, the manganese, being the proper stimulant to the lymphatic glands, causes those organs to manufacture the requisite number of white corpuscles, and then the iron being administered, those white corpuscles are changed into red ones by the addition of the discs of the albumenate of iron, and the blood being restored to its normal condition, the anæmic patient is cured.

That this explanation is more than a well-grounded hypothesis, is proved from the fact that the Cransac waters containing, as they do, nearly as much manganese as iron, have been found far more efficacious in the treatment of anæmia, and jaundice, and torpidity of the liver, than any chalybeate waters where the iron is not combined with manganese. M. Hannon says: "In cases where the iron has not succeeded, it is desirable not to make a sudden transition to manganese, but to combine the two remedies." He further says: "The use of this medicine should not be persevered in so long as that of iron, as the preparations are more readily assimilated." M. Petrequin believes that wherever iron is present (in the system) in appreciable quantity, manganese coexists with it. Hence, he says, iron alone will not always succeed in blood diseases. He has observed many cases of chlorosis, which had obstinately resisted iron, as do those anæmias which are connected with cancer or organic degeneration. Other cases of chlorosis under his treatment, after having been benefited somewhat by the use of iron, have afterward remained stationary. Others still, appeared to be cured, but the cure was not permanent. In these cases, he found the use of manganese along with the iron completed the cure, and made it permanent. Hence he no longer gave the iron alone, but alternating with, or combined with manganese. M. Burin-Duboison, of Lyons, made use of the combinations of iron with manganese with so much satisfaction that he devised a *powder*, a *pill*, a *chocolate*, a *syrup*, a *lozenge*, and some other preparations of these agents in combination.

In Dr. J. Kovasy's *Vade Mecum Clinicum* there are formulæ for the employment of the oxide of manganese in *chlorosis* and *amenorrhœa.* Mr. Sampson, in the *Lancet*, speaks of a combination of manganese and potash, the *Hypermanganate of potassa* as of great value in *Diabetis*, which disease we know is the result of imperfect action of the organs of digestion and assimulation on the starch in the food. Pereira has used the *Tartrate* and other preparations in chronic enlargement of the spleen, and thinks that Rademacher's formula is an excellent one. Niemann gives a formula for a pill of oxide of manganese as an emmenagogue.

In our own country an article was published in the *New York Journal of Medicine*, republishing some of the papers of M. Hannon and others. The *American Journal of Pharmacy* and the *New York Journal of Pharmacy* have given several papers. *The Transactions of the American Medical Association* also contains a reference to this agent. In 1851 Dr. S. W. Butler read an essay *On Some of the Uses of Therapeutical Manganese*, and, if I mistake not, one or two papers were published in the *Boston Medical and Surgical Journal*, which induced a trial of the various preparations here.

Dr. T. H. Jewett, of South Berwick, Maine, found it a prompt evacuant of the bile, giving relief in jaundice, when other remedies had entirely failed. The *Sel desopilant* of Bouviere owes its cholagogue properties to this metal. Some of the physicians of Burlington, N. J., have found it a reliable cholagogue.

I commenced the use of this agent, as a stimulant for the glands, about the year 1850, and as an adjuvant to iron for the cure of all forms of chronic anæmia; and as a stimulant for the liver, the spleen and the pancreas, as well as all the organs of digestion and assimulation, I consider it possesses value and utility which is not possessed by any other agent at present known to the profession.

STRYCHNIA,

Its Nature, Chemical Tests, Physiological Test, Action, Quantities Taken, Post Mortem Appearances, Medical Use, Diagnosis and Treatment.

BY A. P. DUTCHER, M. D.

I am induced to make a few remarks on this subject, from the fact that cases of poisoning by strychnia are becoming quite frequent, and also from the unscientific and reckless manner in which such cases are sometimes treated. I have now before me the report of a case, where more than a dozen different articles were given in the course of an hour, and it would have puzzled the brain of the prescriber to have assigned a philosophical reason for the employment of one of them. Morphia, camphor, calomel, quinia, tartar emetic, bleeding, and several other things were all used in rapid succession, and remarkable to record, in spite of all these agents, the man recovered! The treatment in this case was quite moderate compared with some that I have seen. In the course of twenty years' observation, I have known several valuable lives destroyed by a reckless administration of emetics to expel poisons from the stomach. I shall ever remember the case of a young lady, who, by mistake, took a half an ounce of Eberle's solution of strychnia. In the alarm and excitement of the moment, the physician in attendance gave a large dose of tartar emetic. Active and severe vomiting was produced, and she died in three days from acute gastritis. I have not the least doubt, but in very many instances of poisoning by strychnia, articles are used as remedies which do more injury than the poison itself. To obviate these evils, the nature and action of this drug must be more generally understood by those engaged in the practice of medicine. I, therefore, submit to the profession the following remarks, which I have carefully compiled from the most authentic sources, with such additions of my own as I have thought the nature of the subject demanded.

Nature of Strychnia.—Strychnia is a vegetable alkaloid, and is obtained chiefly from Strychnos Nux-vomica. It is, also, contained in the St. Ignatius bean, S. Colubrina, and in the Java poison called Tieute. It was discovered by Pelletier and Caventari in 1818. The process of preparing it, now commonly in use, consists in first obtaining, either directly or through the medium of an alcoholic extract, a concentrated watery solution of its active salt, the igasurate of strychnia, in union with various other principles,—in then decomposing this salt by means of caustic lime or magnesia, and lastly in then dissolving from the precipitate, by boiling rectified in spirits, an impure strychnia, which is subsequently purified by repeatedly crystalizing it from its spirituous solution, with or without the aid of animal charcoal as a discoloring agent. The pure strychnia readily crystalizes in elongated, oblique, colorless octahedron crystals. It is permanent in the air, fusible by heat, but not volatile, destitute of odor, but possessed of a bitter taste so intense as to be communicated to water containg only an eighty-thousandth part of it. It is partially soluble in fixed and volatile oils and in boiling rectified spirits, insoluble in pure alcohol or ether, almost insoluble in cold water, but in a great measure soluble in boiling water. It is alkaline in its relation to vegetable colors, and forms with acids definite and in general crystalizable salts. Its chemical constituents are, C. ^{42}, H. ^{22}, N. ^{2}, O. ^{4}. It is recognisable, according to Pereira, by its crystalizability, its alkaline properties, its combustibility, its intense bitterness, its difficult solubility in alcohol, ether and water, and its solubility in the dilute acids.

Chemical Tests.—The following are the tests for strychnia mostly relied upon by chemists. It is slowly dissolved, and acquires a red color by the addition of strong nitric acid. The color is immediately destroyed by the protochloride of tin. If a drop of a solution of the chromate of potassa be added to a solution of strychnia in sulphuric acid, the mixture acquires a beautiful violet color, which becomes dark on standing. If a grain of peroxide of lead be added to the strychnia dissolved in sulphuric acid, brilliant colors are produced, which pass through various shades of blue, red and yellow. Prof. Graham and Hoffmann devised the following process for the detection of strychnia in mixed fluids. It is applicable to all fluids, but was first used to test the presence of this poison in the bitter ales of Burton.

Two ounces of animal charcoal are to be shaken in half a gallon of the suspected fluid, and this is to be left at rest for a night, and then filtered through paper. The fluid is thus deprived of its bitterness. The charcoal which contains the strychnia is then to be boiled, for half an hour, in eight ounces of rectified spirits; and the spirit, after being filtered, is removed by distillation. The remaining liquor, which is watery, is next decomposed with a few drops of solution of potash, and agitated with an ounce of sulphuric ether. The ether contains the strychnia in a state of considerable purity, and on being evaporated, it deposits a white soluble matter of intense bitterness. If a drop of sulphuric acid be placed upon the residuum and then a fragment of bi-chromate of potassa be placed in the resulting liquid, a beautiful violet tint appears at the points of contact, and soon spreads over the whole fluid. This change of color is characteristic of the alkaloid strychnia. A half a grain of strychnia may thus be detected in a gallon of liquid.

Mr. Londale's Test.—In this connection, we should not neglect to mention the plan devised by Mr. Londale to detect the presence of strychnia in the substance of the body and its fluids. It was used with perfect success, where only one grain and a half was taken.

1st. Portions of the stomach and contents were boiled in water pretty strongly acidulated with sulphuric acid; the mixture was then filtered, and to the liquid thus obtained, a quantity of carbonate of lime was added sufficient to neutralize the acid. This was evaporated to dryness and digested with rectified spirits; after which it was again filtered, to remove its soluble matter. The result, a clear liquid, was then evaporated to the consistence of syrup, which had a slight yellowish color, and when tasted was distinctly and persistently bitter.

2nd. To this alcoholic extract a few drops of strong sulphuric acid was added, and then a small quantity of powdered bi-chromate of potassa. A purpleish tint was at first observed, but it was very speedily changed to a bright green, which remained permanent.

3rd. A small quantity of the extract was mixed with sulphuric acid and per oxide of lead; but there was no appreciable change of color.

4th. A similar quantity was tried with the bi-chromate of potassa test, with a very slight change of color, hardly appreciable. With a large quantity, the color was unmistakable.

The Physiological Test.—This test was first proposed by that very distinguished medical philosopher, Marshall Hall. It is noticed in the *College Journal: Frog test.*—Dr. Hall, in a brief note on this subject, informs us that when these animals are placed in water, containing a very minute portion of strychnia, they will suffer violent tetanic spasms. The following is a description of two of his experiments:

"I requested Mr. L. Bullock, of Hanover street, to dissolve one part of the acetate of strychnia in one thousand parts of distilled water, adding a drop or two of acetic acid.

"I then took a frog, and having added to one ounce of water 1–100th part of a grain of the acetate of strychnia, placed the frog in this diluted solution. No effect having been produced, 1-100th of a grain of the acetate was carefully added. This having produced no effect, in another hour 1-100th of a grain of the acetate was again added, making the 3-100ths, or about the thirty-third part of a grain. In a few minutes the frog become violently tetanic, and though taken out and washed, died in the course of the night.

"I thus detected, in the most indubitable manner, one thirty-third part of a grain of the acetate of strychnia.

"I placed a second frog in one ounce of distilled water, to which I had added the 1-200th part of a grain of the acetate of strychnia. At the end of the first, the second, and the third hours, other similar additions were made, no symptoms of strychnism having appeared, at the end of the fifth hour, the frog having been exposed to the action of 1–50th part of a grain of the acetate of strychnia, tetanus came on, and under the same circumstances of removal and washing, as in the former experiment, proved fatal in its turn.

"I thus detected 1–50th part of a grain of the poisonous salt by phenomena too vivid to admit of a moment's doubt; the animal, on the slightest touch, became seized with the most rigid general spasmodic, or rather tetanoid rigidity. And this phenomenon, alternating with perfect relaxation, was repeated again and again.

"As the nerves and muscles of the frog's leg, properly prepared, have been very aptly designated as galvanoscopic, so the whole frog, properly employed, becomes strychnoscopic.

"In cases of suspected poison from strychnia, the contents of the stomach and intestines, and the contents of the heart, blood-vessels, etc., must be severally and carefully evaporated and made to act on living frogs just taken from the ponds of mud. I need scarcely say that taken in winter, the frog will prove more strychnoscopic than in summer—in the early morning than in the evening."

Dr. Hall, on another occasion, repeated these experiments, and found that 1–300th part of a grain of acetate of strychnia, dissolved in six drachms of water, would produce tetanic spasms in a male frog when placed in it for three hours. He, also, informes us, that in two other experiments the 1–500th and the 1–1000th of a grain of the acetate of strychnia were detected.

Action of Strychnia.—The action of strychnia upon the human system is now generally regarded by writers on Therapeutics, as a special stimulant. It acts almost entirely on the spinal cord and medulla-oblongata. Of the nerves connected with the parts just named, it affects the motor much more than the sensory branches. It also acts upon that part of the brain which is more immediately associated with the spinal system of nerves. It is said also to have some action on a part of the ganglionic system of nerves, by which it is enabled to promote the functions of the stomach, and give temporary relief when administered in relaxed conditions of that organ. It is almost purely an exciter of muscular contraction and of motion, exalting sensation in a very slight degree. It does not excite the action of the heart, and appears to have no direct influence upon the cerebrum. When given in small doses, so as to produce any visible effect, it causes twitching of the muscles of the arms and legs, restlessness, anxiety, slight perspiration, augmented secretion of the urine, and an increase of the venereal appetite. When larger doses are given, it produces more rigidity of the muscles, and a tendency to tetanus, which is followed by stiffness, weariness, pain or rending in the limbs. When in their highest degree, these effects become violent tetanic spasms, occurring in frequent fits, with brief intervals of repose, acute sensibility, and wild alarm. In fatal doses, it produces death by a permanent contraction of the muscles of respiration. It is absorbed with great rapidity, either from recent wounds or the stomach. Four grains have been known to kill a man in fifteen minutes. It is not a cumulative poison, like mercury or digitalis; neither do its impressions diminish under habitual use, like opium or henbane.

The smallest quantity of strychnia which is known to have caused death, is ONE GRAIN. Cases are reported in the journals, where recovery has occurred after taking THREE OR FOUR GRAINS. Dr. Dresbach, of Ohio, attended a man who drank, by mistake, three ounces of strychnia solution, containing one grain to the ounce. When seen by Dr. D. about twenty minutes afterward, he was in the following condition: The whole muscular system rigid; the muscles of the back and legs so rigidly contracted, that it was with extreme difficulty the man was able to walk; face drawn awry, and articulation impeded; a sense of burning about the stomach; tightness about the chest; vertigo and dimness of vision; lower extremities cold, and perspiration abundant. Two drachms of chloroform were given, and in fifteen minutes he was relieved. A case is reported in the London *Medical Times and Gazette*, April, 1855, where FOUR GRAINS were taken by mistake. Copious vomiting was produced by emetics in about a quarter of an hour, but the system was violently affected, there being not only excessive tetanic rigidity of the muscles, but frequent recurring convulsions. The man recovered entirely in three days. In another case, reported in the same No. of that journal, a man who had been in the habit of using small doses for an imaginary spermatorrhea, took FOUR GRAINS of strychnia and four of morphia, in an ounce of spirits, with the intention of destroying himself. The tetanic spasms ensued in about half an hour. The stomach-pump was not used until the poison had been taken one hour. The man recovered perfectly.

Professor Rochester, in the Buffalo *Medical Journal*, March, 1856, reported the case of a man, who, with a view to self-destruction, took FOUR GRAINS of strychnia. Prof. R. did not see him until three hours after it had been taken. He then found him very much excited, his eye was bright and wild, his countenance flushed, and his respiration hurried; he complained of great thirst, and of a burning sensation at the epigastrium. The pulse was slightly accelerated, but not increased in force. He had been vomited freely. The Professor was informed, that he had had several tetanic convulsions. He ordered a sinapism to the epigastrium, and gave two grains of powdered camphor with half a teaspoonful of Tinc. Camph., suspended in water. This had hardly been accomplished, when a spasm commenced, first manifesting itself in the cervical muscles, then in those of the arms and chest, and lastly, in those of the face, turning the eyes in their orbits, and setting the lower jaw firmly. The countenance became turgid, and the jugulars were enormously distended. The pulse numbered 88 per minute. Respiration was suspended. The nares were distended, and remained so. The paroxysm lasted about three minutes, and when over, the patient complained of slight headache, and of intense thirst; his respiration was again hurried, and his wild manner returned. He had several spasms after this, recuring at intervals of twenty minutes, when at a few minutes after 10 o'clock, they ceased entirely. The camphor was continued in two grain doses, every fifteen minutes, until about one drachm was taken. In two days the patient had entirely recovered.

I might cite the particulars of another case where an individual took nearly FIVE GRAINS and recovered, but space will not allow.

POST-MORTEM APPEARANCES.—In poisoning by strychnia, the post-mortem appearances are by no means characteristic. In some cases, there have been found signs of inflammation in the intestinal canal, and very general congestion of the brain, and sometimes softening of its substance, and of the spinal marrow. No doubt some of these changes are due to the effect of causes which operate after death, and are not the result of any peculiar influence of the poison. By some recent chemical experiments, in cases of poisoning by this article, the most unequivocal evidence has been furnished of its presence in nearly all the organs of the body. It has been found in the blood, and also in the excretions, particularly in the bile and in the urine. It is undoubtedly through the last named excretion, that this poison is eliminated from the system. This has been fully demonstrated by Drs. Lawrie and Cowan, in the experiments which they have made with a view of determining the symptoms and post-mortem appearances produced by poisonous doses of this alkaloid. In nearly every case where strychnine had been given, it was readily detected in the urine.

MEDICAL USE OF STRYCHNIA.—Strychnia has been used for several years quite extensively in the treatment of many diseases, more particularly of a chronic character, such as hemiplegia, paraplegia, amaurosis, epilepsy, amenorrhea, ague, dysentery, rheumatism, neuralgia, hysteria, palsy of the bladder, lead palsy and lead colic. Dr. Neligan was the first to recommend it in the latter disease. He gives the sixteenth part of a grain three times a day. Relief is usually expected within forty-eight hours. The bowels act, and the disease subsides. All writers caution against the use of strychnia in recent cases, or while general reaction prevails, or when signs exist either of local irritation in the brain or spinal cord, or of determination of blood to the brain.

" Strychnia," says Headland, " causes a contraction of the muscles by stimulating the motor centers, and originating in them an impulse which is propagated along the motor nerves. So that when these centers are diseased, or the continuity of their fibers destroyed, it is unable to exert its power. It is used as a medicine in cases of paralysis. But when the lesion of the nervous center is of recent occurrence, or when it has been of so serious or extensive a nature as to admit of no repair in the course of time, the remedy will be ineffectual. It is only successful where the injury to the nervous center has held up, and where the limb continues paralyzed merely because the motor nerves have lost the power to transmit the necessary impulse, from having been so long unaccustomed to the discharge of its office. It is also of use when the motor system of nerves is depressed and deranged in hysteria or chorea."

Strychnia may be either administered in the form of pill or solution. The pills may be made by rubbing and thoroughly mixing in a mortar, one grain of strychnia with twenty grains of well-dried bread crumbs; the mass to be divided into ten pills. One of these may be given every twelve hours, until muscular twitching is produced. In some cases, it will be necessary to gradually increase the dose, until this effect is produced. It should not be carried beyond this point. If its effects should prove too severe, it may be discontinued for two or three days, when smaller doses may be given. When used in paralysis, it must be given in doses sufficient to effect the muscular system very sensibly, and be continued for weeks, and even months, or it will do no good. I have known instances where improvement has taken place very quickly, and the cure has been perfected in a short time, but in the great majority of cases the amendment will be slow, and the remedy will have to be perseveringly used.

For hysteria and chorea, strychnia is often used with the greatest benefit. Hall's Solution is a popular remedy with many physicians in this vicinity. It is prepared as follows:

℞ Pure Crystals of Strychnia, grs. xvj.
Alcohol and Water, āā, f℥viij.
Tinc. of Cardamum Comp., f℥jss.
Acetic Acid, f℥ss.

The dose 20 to 30 drops a day.

Strychnia is also used externally, through means of a fresh blistered surface. In amaurosis and facial neuralgia, it is employed in this way. From a fourth to a half a grain may be sprinkled over the blistered parts once or twice a day; and when the surface suppurates, a fresh blister must be applied on a neighboring spot.

Diagnosis of Strychnia Poisoning. — As cases of poisoning by strychnia are becoming quite common, its diagnosis is a matter of considerable importance. In the absence of a knowledge of the fact that the drug has been taken, are there any particular symptoms to distinguish it from either hydrophobia or tetanus, which in some particulars it very much resembles? Dr. S. H. Bennett, in the Edinburgh *Medical and Surgical Journal*, July, 1854, describes a case of poisoning with strychnia, which might have been easily mistaken for a case of hydrophobia by a less experienced individual. The patient, when first seen, which was about an hour after the poison had been taken, was in a rigid and trembling state, and the face almost maniacal in its expression. This was soon followed by a violent tetanic convulsion. Between the fits, she did not utter any expression of alarm, but would occasionally request a little water. The muscles of the jaws remained so rigid between the spasms that the attempt to introduce the stomach-pump was unsuccessful, and although some strong emetics were drunk, it repeatedly occurred that the attempt of the patient to take liquids was followed by so violent a spasmodic fit as to prevent her swallowing them, and to give that apparent dread of water so well marked in cases of hydrophobia. During the tetanic fit, the whole body was stiffened and straightened, the neck violently drawn back, the chest fixed, the eyes protruding from their sockets in a horrible manner, the legs pushed out and widely separated, the muscles of the face convulsed, pulse imperceptible, and no breathing could be perceived; the face was livid, more particularly the lips, and froth issued from the mouth. The pupil was also dilated during the paroxysm. It was impossible to produce any relaxation of the body during a fit, and if moved, the whole body remained in its rigid condition. As soon as death had taken place, which was in an hour and a half, the limbs relaxed, the face and lips gradually lost their livid hue, and became, as well as the body, extremely pallid.

In poisoning by strychnia there is generally no dread of water or other liquids. In hydrophobia, this constitutes its chief characteristic; the very sound of water will excite the most powerful spasms. Another marked difference between hydrophobia and strychnia poisoning is the state of the mental faculties. In the first disorder, the individual is delirious, and sometimes almost ungovernable; in the latter, the mind is clear, and with the exception of a feeling of alarm, varying somewhat in intensity in different cases, the individual is calm, when not under the influence of the spasms. The history of the case will also furnish a clue to its diagnosis. In hydrophobia, premonitory symptoms will manifest themselves for several days before spasms occur. The patient will complain of pain, or some uneasy sensation in the situation of the bite. In a few days his manners become hurried and irritable; he speaks of pain and stiffness, perhaps, about the neck and throat; unexpectedly he finds himself unable to swallow fluid, and every attempt to do so brings on a paroxysm of choking and sobbing of a very painful kind to behold; and this continues for two or three days, until the patient dies exhausted. In poisoning by strychnia, the invasion of the spasms are sudden, and the case terminates in a few minutes, or hours at the utmost. Wharton and Stillé mention the case of a young man who took a grain and a half of nuxvomica, and the same quantity of strychnia, and almost immediately expired.

The differences between tetanus and poisoning by strychnia is very marked. This difference consists mostly in the state of the jaws. In poisoning by strychnia the jaws are only spasmodically closed during the violence of the paroxysms; the moment it subsides they are easily opened. And, indeed, sometimes the individual lies with his mouth widely opened during the interval between the spasms. This is not the case in tetanus; the jaws are permanently shut, and remain so until the disorder is subdued. Dr. R. Adams, in his excellent article on strychnia, says, "that the diagnosis between ordinary tetanus and that form produced by strychnia, will be found by looking to the expression of the countenance, rather than to any other single phenomenon. This expression is admitted by all to be most peculiar, and once looked upon with attention, it can not be forgotten. The forehead is wrinkled transversely, and in the perpendicular direction, the eyebrows being drawn in a remarkable manner toward each other; the eyes are not fully opened; the nostrils are more or less dilated; the angles of the mouth are drawn backward and a little upward. These characteristic marks become momentarily exaggerated at every paroxysm."

Strychnia tetanus is also in its progress to a fatal result much more rapid in its course than ordinary tetanus. The hands, in strychnia tetanus are early and severely affected; in ordinary tetanus the hands are the part, of all others, the last and least affected. A rigid condition of the muscles exist in both cases, not only during the actual paroxysms, but also during the intervals between them.

Conclusions and Treatment.—There are five things in relation to strychnia that are pretty well established;

1st. It is absorbed with great rapidity from the stomach and recent wounds.

2d. It is taken up by the blood and carried into all parts of the system.

3d. It acts as a special stimulant, principally upon the medullaoblongata and nervous centers downward, affecting the motor more than the sensory branches.

4th. It is chiefly through the urinary excretion that it is eliminated from the system.

5th. That as yet no chemical antidote has been discovered.

In view of these facts, what course of treatment should be pursued when an over-dose has been taken? In the first instance, the most pressing indication, in our opinion, would be to evacuate the stomach. This, to be of any use, must be done in a very few minutes after the poison has been taken. If delayed beyond twenty minutes, a sufficient quantity will be absorbed to do all the damage that it is capable of doing. The stomach-pump should be used immediately. Emetics are too tardy in their action. The thief enters the citadel of life before they can overtake him. Milk, sweet oil, or animal charcoal, may be repeatedly injected into the stomach to take up the poison. If after this no spasms occur, or are very slight, we may safely leave the case to the action of the vital forces. I am perfectly satisfied, that very many of these cases will recover without any further treatment. Even where the spasms have been frightful to behold, I have known them to recover without any medical treatment.

I transcribe from my Case-Book an instance of this kind: "June 7, 1846; called this morning in haste to see Mr. B., aged fifty-one. His wife informed me that previous to my arrival, he had three very severe convulsions. That not feeling very well, he had taken five pills, about an hour before. When I approached him, I found that his muscular system throughout was rigid and trembling, and his countenance bearing marks of excitement and alarm. While in the act of examining his pulse, he was seized with a most violent convulsion, during which the whole body was convulsed; the neck was drawn back, the chest fixed, the eyelids were thrown wide open, and the pupils very much dilated. The face was quite livid, and froth issued from the mouth. The pulse was imperceptible, and respiration was suspended. This spasm lasted about five minutes. When it left him, the pulse returned, and respiration was only partially restored. The rigidity and trembling of the muscles continued. His jaws were partially relaxed, but he could not articulate, and on attempting to give him a few grains of tartar emetic, I found he could not swallow. In about fifteen minutes he had another spasm, but not quite as violent as the first. I again attempted to give the medicine, but failed. After this, he had four spasms, at intervals of about twenty-five minutes. When they left, he appeared exhausted, and fell into a quiet sleep. When I called in the evening, he was quite comfortable; and after a little conversation, he very jocosely asked if I knew what had been the cause of his fits. I suggested several things, but they were not satisfactory. At last he informed me that the pills which he had taken in the morning contained strychnia, probably about a grain each. He recovered without any medicine."

When, however, the spasms are of a very violent character, and threaten the life of the patient, we may attempt to arrest them. The article best adapted to this purpose is that excellent narcotic inebriant, chloroform. When inhaled, it has been known, on several occasions, to arrest the most violent tetanic spasms in a few minutes. Chloroform will suspend the characteristic action of strychnia, until the system has had time to eliminate the poison by the usual channels. Dr. Lowrie, in his remarks on the practical use of chloroform inhalations in poisoning by strychnia, says: "There is a dog in this room to which a poisonous dose of strychnia was given twelve hours ago. That dog has been kept under the influence of chloroform during that period, and hitherto no symptoms of its having swallowed strychnia has shown itself; we hope that we may keep it alive until the kidneys shall eliminate the whole of that strychnia.* But even should we be disappointed in this, we must not conclude that it is a useless remedy. On the contrary, by suspending the action of the poison and prolonging life, it will give time for the use of the stomach-pump, and the exhibition of emetics and enable us to sustain the strength by enemata. Further, if an antidote should ever be discovered, chloroform may be found to suspend the action of the poison until the antidote shall altogether neutralize it."

To eliminate the poison from the blood, the oil of turpentine is superior to any article I am acquainted with. When used in connection with alcohol, it is an active and powerful diuretic. Turpentine is absorbed very quickly, and enters the circulation nearly unchanged. When mixed with the blood, it will readily dissolve any vegetable alkaloid that may be contained in it. For this purpose, I am in the habit of prescribing it as follows:

℞ Alcohol, f℥ss.
Ol. Turpentine, fʒss.
Mucillage G. Acacia, f℥ij. M.

This may be given at one dose. If it does not have the desired effect in one hour, it may be repeated. In poisoning by strychnia, I feel confident that this is the best medicine that we can use to eliminate the poison from the system. Given in this way, it will, also, sustain the flagging energies of the system, when the spasms have subsided, for its stimulating effects are equal to its diuretic. But we should not forget that the strychnia itself augments the flow of urine, and in this way becomes the principle means of its own elimination. It is for this reason that we have concluded that in the milder cases of poisoning by this alkaloid, it is better to leave them to the vital forces of the system. And that they will do this, is abundantly evident from the case I have cited, and also from the case of Dr. Webster, who took two grains of strychnia, and recovered without medical treatment.

[Note.—We do not think that it is fully established that "strychnia is *not* accumulative in the system," as stated by Dr. Dutcher, but do not choose to extend this article to discuss this point. It will be safe to exercise a fair amount of caution in its use, and not risk anything from its cumulative effect, should such effect be liable to follow its administration.—Eds.]

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* In this he was disappointed; it died sixteen hours after swallowing the poison.

QUERIES ANSWERED.

BY PROF. CLEAVELAND.

HÆMOPTYSIS.—"I wish to ask your advice in a case of much interest, although I suppose the time has long since passed when human aid can be availing.

"The case is one of *Hæmoptysis*, of three years standing, in a young lady. Long since she was pronounced 'incurable' by her physicians. I first examined her on the 7th of October. I found the lungs irritable, with a dull sound in the upper lobe of the left side; with pain and soreness about the shoulders and chest; a distressing cough, with expectoration of a mucus character, without pus or any tuberculous matter that I have been able to detect. Menstruation has been regular, and she has, for some time past, had hemorrhage from the lungs, at each menstrual period. She has little or no appetite, dislikes to stir, although she is able to sit up most of the time, and to walk about.

"I have given her the Comp. Syr. of Stillingia, and the Muriate of Ammonia, internally; applied Olive Tar over the lungs, and given it as an inhalation. She improved rapidly for a month, lost all pain, the cough nearly ceased, gained strength, and walked all about town, and became careless about the treatment.

"Then the menstrual period arrived, and she expectorated a little blood, but much less than formerly. She took little care of herself, but still improved, and her family were much encouraged, and I, also, had some hope of her recovery, when about the 20th of November, after excessive fatigue and exposure, she became very feverish, and was much prostrated. In two days the fever abated under the use of the Tr. Veratrum Viride, and just then the menses appeared again, but a day too early. She passed the menstrual period very well, but did not gain much strength. Then she had considerable hemorrhage from the lungs, since which time her cough has been more distressing than ever, her appetite has disappeared, her nerves are extremely irritable; she gets but little rest; she feels a tickling sensation from her throat down to the lungs, from which she can get no relief.

"There are no symptoms of inflammation about the throat, the mucous membrane looks very healthy, except, perhaps, too pale. She is a blond—a beautiful girl; every person feels an interest in her case, and I would be very happy could I save her, or even relieve the anxiety of her family while she lives, by making her comfortable.

"What would you advise as an inhalation in her case? I do not understand the art of getting medicines, except in tinctures, in the form for inhalation. I think the indications are, to get an expectorant and narcotic action."

REMARKS.

In reply to the above, I wrote a brief note, in which I gave a formula for inhalation, and requested further information. As my request for further information has met with no response, I propose to make but brief remarks upon the case, and those having more immediate reference to its pathology than its therapeutics.

It is very evident that the derangement of the reproductive organs is the prime cause of the hæmoptysis, and hence that difficulty must be removed, or the patient can not be restored to health.

But it will not do to allow the lungs to suffer even secondarily, if means can be adopted to prevent their suffering.

As an Astringent inhalation the following may be used:

℞. Pure Alcohol, f ℥ij.
Chloroform Fluid, fʒj.
Tannic Acid, grs. xx.

Mix. The cold vapor to be inhaled several times a day, by means of a proper apparatus.

Should there be much expectoration, it may be well to add to the above

Tr. Myrrh. f℥ss.

As an internal remedy, it will be well to use

℞. Syrup. Ipecacuanha.
Syrup of Wild Cherry, āā f℥j.
Fld. Ex. Lycopus Virg., f℥ss.

M. Dose, 1 teaspoonful as required.

The above, of course, are directed mainly to the lungs and the circulation, to control the local difficulty, and not to remove the originating trouble.

To restore the reproductive organs to their normal condition, a pill made of a combination of Cimicifuga, Bebeerina, and the Oxide of Silver, has proved useful.

The following formula may answer:

℞. Hidro-Alcoholic Ex. Cimicifuga.
Bebeerina.
Oxide of Silver, āā, grs. xxx.

M. f. Pil. No. 30. One pill, to be taken three times daily.

Galvanism may be resorted to for the purpose of inducing menstruation, and also to impart healthful activity. If properly and cautiously applied, it may prove of great utility.

Scarcely any case of chronic ammenorrhea occurs, except it is complicated with a deficiency of the white and red corpuscles of the blood. For the correction of this difficulty, I would refer to the article on the use of iron and manganese in the present No. of the Journal.

C.

PHILADELPHIA CORRESPONDENCE, NO. II.

PHILADELPHIA, December, 1856.

DEAR JOURNAL.—This is emphatically a great city. You have groaned over Olney, and I will not, therefore, recall unpleasant memories by a definition of its geographical limits.

The impression it produces upon the visitor is a novel and pleasing one; its straight and marvellously clean streets, the jaunty air of neatness which pervades every quarter—the magnificent displays in the business windows of its principal shops, and the entire absence of din and uproar manifest even in its most crowded thoroughfares combine to form a *tout ensemble* peculiarly its own. Not less marked are the characteristics of its denizens; the old city seems to have impressed the stamp of her own unpretending superiority upon her children, and the educated perception readily recognizes the model Philadelphian by the quiet ease of his manners—the purity of his mother English, and the simple elegance of his attire—the latter a graft from the outside world of fashion upon the good old Quaker type whose vitality has long since passed away, leaving but a shad-bellied coat and ponderous hat as its sorry representatives.

I have alluded only to the male sex—but it would be unjust to pass the ladies by without that notice which their attractions so peremptorily claim.

Beautiful women abound here; they may be seen at all times and in all places, but the favorite hours of efflorescence are from four to six P. M., and the chosen locality Chestnut street. Here may be daily seen promenading in every variety of dress which fashion or caprice may dictate, an array of charms upon which no Cincinnatian save shielded by non-conductors of deepest emerald may gaze unscathed—unless indeed his finer sensibilities have become obliterated by persistent reconnoiterings of "Heaven's last, best gift" from an unfavorable point of view; for there be those even in our day who venture so to do—and who sneaking behind the protection of an incog., with voice raised on high, dare to attribute to her those earthly imperfections which Poesy had assigned exclusively to her ruder helpmate.

Among the most attractive features of Philadelphia are its public squares—gigantic reservoirs of health and freshness, studded by grand old elms, beneath whose shade toiling thousands, when the labors of the week are done, may gather in happy groups to inhale the perfume of rural flowers and breathe their quota of God's invigorating air—and among whose giant branches sportive squirrels gambol and frisk through the live-long day.

There is something impressive in the contemplation of these mute representatives of the past—the time honored landmarks of an age gone by. Beneath their shade promenaded the beauty and chivalry of the old colonial days; here stood Washington, Franklin, Adams—and their aged limbs, clad then in youthful verdure, made a glad response to the thundering chime of the old State-house bell as it proclaimed the thirteen colonies of America free and independent.

The public buildings and charitable institutions of the city are widely and favorably known—but I postpone their descriptions until business permits me to visit them, and personal observation shall have confirmed report.

In my next I propose to touch upon such matters of interest as may commend themselves more particularly to the medical student and practitioner. SIGMA.

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PHILADELPHIA CORRESPONDENCE—NO. III.

PHILADELPHIA, December, 1856.

Dear Journal:—The December gales are upon us, and their voices are even now howling around my snug little domicil, as I yawn a lazy defiance to their assaults, and drawing my cosy chair and writing-stand before a cheerful fire, indite another stray leaf from the records of a student's experience.

Philadelphia is the students Eureka. Probably no city in the world, certainly none in America, offers stronger inducements, or better facilities for the acquisition of medical knowledge. Her schools are numerous, well supported, and conducted by teachers of such distinguished ability, that, in point of excellence, it would be difficult to draw the line of distinction between them, while every method of illustration which talent could devise, or ingenuity execute, has been brought to bear in the demonstration of medical science in its varied departments.

Beside the Penn Medical Institute for females, there are now in the city six chartered colleges, four of which are Old School, one Eclectic, and one Homœopathic.

First on the list, in point of age and standing, is the time-honoured University of Pennsylvania, which for seventy odd years held unmolested sway, as the first medical school in the United States, and whose list of graduates would, in all probability, outnumber those combined of any other ten colleges in America. It possesses, in addition to a Faculty of the highest ability (at the head of whom stands the distinguished author of Wood's Practice), one of the best selected Museums in the world. It gives a winter course of five months, and its present class numbers something over five hundred students. Its examinations, if report speaks truly, are very stringent, a circumstance which (honorable and desirable in itself) rival institutions have not been slow in turning to profitable account.

Next in standing, and superior in its evidences of prosperity, is the Jefferson College, the successful rival of the University, and the largest medical school in America. This institution was founded some thirty years ago, and has within the last ten years enjoyed a success unexampled in the annals of medical history. It is probably one of the best equipped schools in existence, and numbers among its Faculty the names of Pancoast, Meigs, Gross, Dunglison, and Bache. It gives a course identical with that of the University, and its present class exceeds five hundred in number.

The Pennsylvania College, with which Francis Gurney Smith is identified, differs in no important respects, save of magnitude and notoriety, from those already mentioned, its course of study and requirements for graduation being the same.

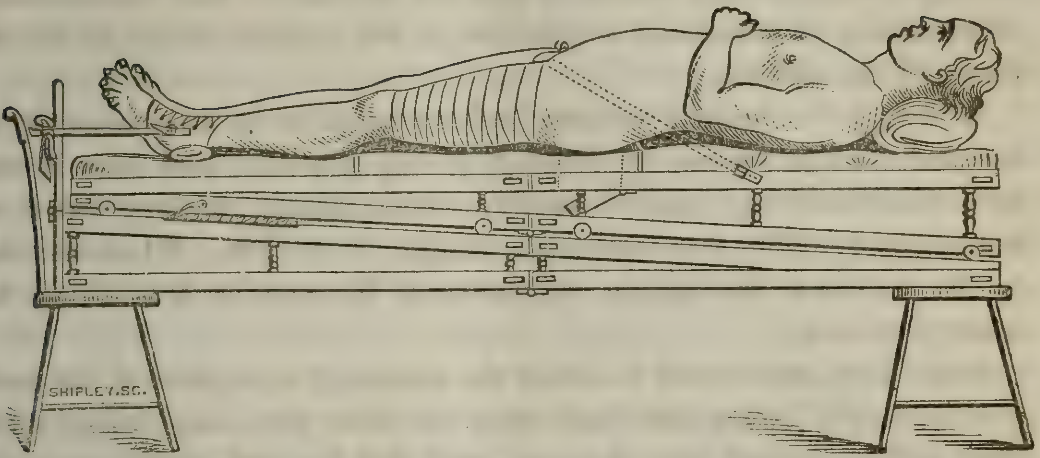
Last, but not least on the list of Old School colleges, is the Philadelphia College of Medicine, now in its twenty-first session. In addition to an excellent and conveniently arranged building, a choice Museum, unlimited means of illustration, and a Faculty second to none, the thorough and practical character of whose instructions has been forcibly exemplified in the unparalleled success of its graduates before the Army and Navy Boards,—this College offers to students the unusual inducements of a perpetual ticket, at a less outlay than is requisite to accomplish two courses of lectures; and a summer course, commencing in March and terminating in July, and in every respect identical with that delivered during the winter months.

The Eclectic College, like most infant institutions, being unprovided with a ready-made reputation, is battling bravely for one, in the face of much opposition, and formidable rivalry, while the disciples of Hahnemann have succeeded in establishing themselves upon a comfortable, and apparently permanent basis.

Wednesdays and Saturdays are the regular days dedicated by all the schools to clinical instruction, the facilities for which are unsurpassed. In addition to the private clinics of each college, at which a vast number of patients are prescribed for, public ones are held at other hours at the Pennsylvania and Blockley Hospitals, and the other various charitable institutions of the city, which, upon the payment of a small fee, students of any college may attend; and, as many of them avail themselves of this privilege, the usual forenoon lectures at the Colleges are suspended upon these occasions until mid-day. Among these clinics, that of the Pennsylvania Hospital is, I believe, regarded as the most prominent, the class in present attendance numbering about four hundred. The lectures here given on Theory and Practice are by Dr. Gerhard; those on Surgery by Dr. Norris; both men of signal ability and well deserved reputation as lecturers and practitioners. By means of this arrangement between the Schools and Hospitals, each student, if so disposed, may avail himself of four hours clinical instruction per week, exclusive of that received at his own College. The patients at these institutions are rationally, and, I need hardly add, effectively treated; for the conservative routineism of the past has had its day, and is rapidly falling into disrepute. As evidence of the progressive tendencies and sound judgment of some of our leading men, I might state that Dr. Norris last week informed the class that in a Surgical practice of twenty-four years he had never administered mercury to a syphilitic patient, except when indicated by complications independent of that disease; that cases under the non-mercurial treatment had been more speedily cured, and had proved less liable to secondary attacks, and expressed it as his opinion that this powerful agent, so far from aiding, actually retards the cure of the disease.

I trust yourself and readers, good Journal, will overlook the many imperfections incidental to my hasty sketches. They are but random pencillings of things, as they are taken on the wing, amid the burden of a student's daily duties, and claiming no higher attributes than those of accuracy and fidelity. In my next I shall endeavor to give you a pen-and-ink sketch of some of our most prominent men. SIGMA.

FRACTURE BED.



IN the above engraving, I present to the profession an illustration of a *Fracture Bed*, devised by me, which I hope will obviate some of the inconvenience and difficulties which have proved exceedingly embarrassing to surgeons, especially in the treatment of fractures of the thigh and leg.

Too often have the best of surgeons, even when using the best fracture apparatus that has been devised, suffered both in reputation and in their feelings, from the shortened and sometimes distorted limbs their patients have presented after fractures of the femur. Deformities of this nature are more frequently to be met with than limbs which have been broken and have united without any shortening, and hence a great variety of modes have been adopted by surgeons to obviate or prevent the shortening of the limbs.

Could the bones be brought again, soon after the accident, into cöaptation and retained in situ, then the other measures necessary to a complete restoration of the limbs could usually be made use of with but slight difficulty.

Muscular contraction is the cause of the shortening of the limb after the fracture, and that muscular contraction must be overcome, not only while the fracture is being reduced, but also during the earlier days of treatment. The importance of steadily and constantly overcoming this contraction is demonstrated by the fact that limbs which have been broken while the muscles were paralyzed, unite again with but little if any deformity, which, as has been stated, is not the fact with those where contraction is allowed to exist.

Fractures of the femur are very frequent, and from the importance of the bone in the processes of locomotion, are accidents of great interest. Although the bone may be broken even within the capsule, or just below it, or still lower down the shaft of the bone, and although each of these different localities may require a modified treatment, still the necessity of extension to counteract contraction of the muscles exists in all the forms of the accident.

Although the femur is seldom broken, in either its anatomical or its surgical neck, a fracture of its shaft is very common, and may be met with in almost every possible variety, either simple, or complicated, or comminuted, oblique or transverse, single or double. Whatever may be the nature of the injury, relaxation of the muscles is necessary for a complete cure.

Some have endeavored to obtain the necessary relaxation of the muscles by simply laying the limb upon its outer side, and bringing the knee well up toward the abdomen, and the leg well flexed upon the thigh, and then supporting and fixing the limb and body in that bent position by the proper fastenings. This position can usually be borne very well by the patient, but sometimes becomes intolerably distressing. It is peculiarly applicable when the limb is broken at or about the union of the upper with the middle third.

Liston preferred extension without flexion, and hence he devised the long splint that is known by his name. When the fracture is compound, and the injury to the soft parts is on the outer aspect of the limb, and consequently the flexed position first named is inadmissible, most modern surgeons resort to some form of direct extension, as contemplated by Liston.

Others prefer the double-inclined plane, particularly in compound fracture of the thigh, both for the purpose of extending the limb as is done by Liston's long splint, and also maintaining the limb in a flexed position.

Erichsen prefers the *starch* bandage in most cases of fracture of the shaft of the femur, while in this country, perhaps Dr. Physic's modification of Dr. Sault's splint is more frequently in use than any other apparatus. All these forms of dressing have some conveniences, and yet all of them have some objections.

For the proper treatment of a broken thigh, it is necessary not only to secure the proper extension to overcome the shortening of the muscles, but it is necessary that this extension should be made continuously, and yet so gently that the contractility of the muscular tissue should not be roused, as it sometimes is, by the very means which are adopted to produce the contrary effect.

This extension must also be kept up, in whatever position the patient may be obliged to take, for the purpose of emptying the bowels or other demands for a change of position.

Sometimes it is found nearly impossible to overcome the rigid contractility of the muscles during the few first days following the injury, particularly during the waking hours, and hence chloroform or soporifics have been resorted to to overcome this contractility.

By a reference to the cut here presented, it will be seen that the patient is placed supine on a mattrass resting upon the frame of the *Fracture Bed*, which is constructed in two parts, the upper of which readily moves by means of castors, upon the other. As the under portion of the bed is made an inclined plane, the weight of the patient causes the upper part to pass down, as will be seen, in the direction where the head is placed, and by attaching the limb to the fixed upright at the foot, the weight of the body causes the necessary amount of persistent extension, which can be increased or lessened, as the stool under the foot of the apparatus is made higher or lower.

The essential portions of the apparatus consists of the upper and under inclined planes, and castors between the two to allow free motion of one part upon the other; but for convenience of transportation, as will be perceived, I have made it with a hinge near the center, so that each part may be folded up and occupy but about three feet space. The width of the bed on which the mattrass rests may be from twenty inches to two feet; and under the center, an opening is left in the mattrass, which may be filled with a cushion, and supported by a spring and catch, when the opening is not in use. It is designed to facilitate the process of defecation and urination, and allowing the patient to obtain relief without the necessity of any change of position.

In the cut, the limb is represented as fastened to the upright by means of a *gaiter* which laces about the ankle, but in place of this it may be convenient sometimes to use Dr. Crosby's straps of *adhesive cloth;* or if the ankle becomes painful, the extending bands may be attached above the knee.

Although the weight of the body will in most instances serve to produce all the counter-extension required, yet it will be well always to apply the *perineum strap*, lest the patient should move his body downward toward the foot of the apparatus, and thus allow the ends of the bone to over-ride each other. The pad under the heel must not be forgotten, else there will be danger of sloughing, over the os calcis. Similar support may be given in the popliteal space, and in the lumbar region. The patient will sometimes find relief by having that end of the bed on which his head rests, raised so as to allow the thigh to become flexed upon the pelvis, and this position will also be very convenient during defecation. The mattrass is hinged in two places, indicated by the parallel lines under the sacrum and under the knee.

The rachet which retains all the extension obtained, must not be forgotten in the construction of the apparatus. It may be attached at any convenient point, as near the foot as delineated.

Among the advantages of this apparatus, is its compactness and cheapness—furnishing as does, both a *bed* and an extension apparatus—its portability—its airiness and coolness—the little space it occupies in the ward of the hospital or in camp, or on ship-board—with the facility with which it permits the patient to attend the calls of nature without deranging the injured limb—the constant and steady extension induced by it—the facility with which it allows the proper manipulation and dressing of the limb—and particularly the certainty with which all the extension which the relaxed muscles may allow during sleep, will be retained, even if there should be a strong tendency to spasmodic contraction of the muscles from pain or other causes.

C. T. LAWRENCE.

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EDITORIAL DEPARTMENT.

SALUTATORY.

TWELVE months ago, the *College Journal of Medical Science* which had been established by the Faculty of the Eclectic Medical Institute "*in order to aid in the advancement of Liberal Medicine*," was presented to the medical profession for their approval and encouragement. Previously, a Prospectus had been issued, proposing to publish a monthly medical periodical of thirty-two large octavo pages, at the extremely low price of *one dollar a year*. The cordiality which that Prospectus received, led to an increase to *forty* pages in place of the smaller number which had been promised.

The *College Journal* has now been published one year, and the manner in which it has fulfilled its purposes, is before its readers. We do not think it is in all regards what we would like to have made it, but such as it has been, we have yet to learn that any person is not fully satisfied it has furnished him matter many times more in value than its cost. We have received numerous letters and messages of encouragement, but none of the opposite character.

As we have profited by our year's experience, and have the promise of much aid in filling the pages of the Journal in the future, we commence the new year with the assurance that as far as in us lies, we shall continue to meet the expectations of those who may become its subscribers.

As our list has increased far beyond our anticipations, we have again decided to add to the size of the Journal sixteen more pages, eight of which we shall reserve for the accommodation of our advertising friends.

With the increase in the number of pages, and the assistance of those pens which have heretofore been devoted to sustaining the Worcester Journal of Medicine, we think we can consistently promise that while our magazine is by far the *cheapest* of any published in America, yet for the amount of valuable, scientific and practical matter, it will more than equal the contents of Journals of twice its cost.

To attain this, we need the aid of all who have thoughts or experience which should be contributed to the general store-house of professional attainments and progress.

INCORPORATION OF THE ECLECTIC COLLEGE OF MEDICINE.

WITH a view to exhibit the legal basis of THE ECLECTIC COLLEGE OF MEDICINE, as now organized and established, and also to place the laws under which its corporate powers are guaranteed, in form and position convenient for reference, we have copied from the Statutes of Ohio the sections of the General Act of Incorporation, so far as the same applies to Colleges, and also the records which have been made by the proper officers, of the proceedings through which this College has become invested with corporate and Collegiate powers.

AN ACT to enable the Trustees of Colleges, Academies, Universities, and other institutions for the purpose of promoting Education, to become bodies corporate. Passed April 9, 1852.

SEC. 1. *Be it enacted by the General Assembly of the State of Ohio,* That any number of persons not less than five, desiring to establish a College, University, or other institution for the purpose of promoting education, religion, morality, agriculture, or the fine arts, may, by complying with the provisions of this act, become a body corporate and politic, with perpetual succession, and may assume a corporate name. by which they sue and be sued, plead and be impleaded, in all courts of law and equity; may have a corporate seal, and the same alter or break at pleasure; may hold all kinds of estate, real, personal, or mixed, which they may acquire by purchase, donation, devise, or otherwise, necessary to accomplish the objects of the corporation, and the same to dispose of and convey at pleasure.

Secs. 2 and 3 repealed March 11, 1853.

Sec. 4. In case it should happen that an election for directors should not be held on the day appointed by the by-laws of any institution or company formed under the provisions of this act, such corporations shall not, for that reason, be deemed to be dissolved, but it shall be lawful on any other day, to hold a meeting and elect its directors, in such manner as shall be prescribed by the by-laws thereof.

Sec. 5. The trustees of any university, college, or academy, may hold in trust any property devised, bequeathed, or donated to such institution, upon any specific trust consistent with the objects of said corporation.

Sec. 6. The president and professors shall constitute the faculty of any literary college or university instituted under the provisions of this act, and have power to enforce the rules and regulations enacted by the trustees, for the government and discipline of the students, and to suspend and expel offenders, as may be deemed necessary.

Sec. 7. *Provides that five hundred dollars shall be requisite for the establishment of an academy.*

Sec. 8. *Provides that old institutions may come under the provisions of this act.*

Secs. 9 and 10 *prescribes the mode of increasing capital stock, where the property is held as stock.*

Sec. 11. Any university, college, or academy, that may become a body corporate, under the provisions of this act, the property of which is not derived by donation, gift, devise, or subscription, but is owned by individuals in the shape of stock subscribed or taken; the owners of said stock shall be individually liable for the debts of said corporation, to the amount of their said stock respectively, and also to an amount equal thereto, over and above the amount of their said stock, provided that the trustees or directors of any corporation organized under the provisions of this act, the property of which is held upon trust, or derived by devise, donation, gift, or subscription, shall not contract any indebtedness beyond the actual means or assets of said corporation; and if said trustees or directors contract debts or incur liabilities beyond the means or assets of said corporation, the trustees or directors so contracting, shall be held liable in their individual capacity for the payment of the same, but the property of said corporation shall first be exhausted.

Sec. 12. Provides in what manner the location, name, etc. may be changed.

AN ACT to amend the Act entitled, " An Act to enable the Trustees of Colleges, Academies, Universities, and other institutions, for the purpose of promoting education, to become bodies corporate. Passed March 11, 1853.

Sec. 1. Amends second and third sections of original act, as follows:

Sec. 2. To ascertain the property and value thereof of any institution desirous of becoming a body corporate under the provisions of this act, it shall be the duty of the auditor of any county of this state, on application, in writing, of any number of persons, of whom not less than five shall be resident freeholders of the county where such application is made, and where such institution is, or is intended to be located, setting forth the object for which they desire to become incorporated, to select three judicious, disinterested, freeholders and voters therein as appraisers, who shall first take an oath for the faithful discharge of their duties before some competent officer, and such appraisers shall proceed to make a schedule, and upon actual view to appraise the true value in money of all such goods, chattels, lands and tenements, choses in action, rights, credits, and subscriptions, as such applicants shall exhibit to such appraisers, and shall return such schedule with their appraisement, and a certificate of some officer authorized to administer oaths, that such appraisers were first duly sworn by him to discharge their duties as such appraisers to the auditor of the proper county; and if the amount so found shall be equal to the sum required for the commencement of any such institution, as said applicants desire, such auditor shall give such applicants a certificate of the fact, and they shall enter it in a book of records by them provided for that purpose, which, together with their corporate name, and the articles of association, they shall also cause to be recorded in the recorder's office of the county, where such institution is, or is intended to be, located, according to the provisions of this act, and such auditor, appraisers, and recorder, shall be entitled to the same fees as for like services in other cases, and no more.

Sec. 3. The corporators of any college or university, which may be organized in accordance with the provisions of this act, or the act to which this section is an amendment, may elect five or more trustees, of whom not less than five shall be resident freeholders of the county where such college or university is located, who shall constitute a board of directors for such institution, and they shall have power to fill vacancies that may occur in their board, and shall hold their offices until their successors are elected and qualified according to the rules and by-laws that may be adopted by the board of trustees; but all times at least five of said board of trustees shall be resident freeholders of the county where such institution is located; and when any such board, in their corporate name, shall have acquired, for the benefit of such institution, five thousand dollars in real and personal property, to be ascertained as hereinbefore provided, said trustees shall have power to appoint a president, professors, tutors, and teachers, and any other necessary agents and officers, and fix the compensation of each, and may enact such by-laws, not inconsistent with the laws of this State, or of the United States, for the government of the institution, and for conducting the affairs of the corporation, as they may deem necessary, and shall have power to confer upon recommendation of the faculty, all such degrees and honors as are conferred by colleges and universities in the United States, and such others having reference to the course of study, and the accomplishments of the students, as they may deem proper.

ECLECTIC COLLEGE OF MEDICINE.

ARTICLES OF ASSOCIATION.

Know all men by these presents, that we, whose names are hereto annexed, being desirous of establishing in the city of Cincinnati, county of Hamilton, and State of Ohio, in accordance with the laws of said state, an Institution with corporate form and collegiate powers, for the purpose of promoting Medical Education, by providing for thorough courses of lectures, and other methods of instruction, from competent professors and tutors in the several departments of Medical Science, have associated ourselves under the name and style of The Eclectic College of Medicine.

Done at Cincinnati, in the county of Hamilton, and state of Ohio, this first day of November, A. D. 1856.

JOS. R. BUCHANAN,
WM. SHERWOOD,
JAS. C. C. HOLENSHADE,
JOHN KING,
C. H. CLEAVELAND,
A. H. WELLS,
WM. A. ASHTON,
WM. S. SAMPSON,
WM. B. SHEPPARD,
A. JACKSON HOWE.

Received and recorded Dec. 22, 1856.

Auditor's Office, Hamilton County, O.
Cincinnati, Dec. 23, 1856.

To all whom these presents shall concern:

Whereas E. C. Baldwin, John F. Torrence, and Charles Thomas, were, as judicious and disinterested freeholders of Hamilton county, in the State of Ohio, on the 27th day of November, 1856, by me appointed appraisers to appraise the goods, chattels, choses in action, and all other effects belonging to an institution known and designated as "The Eclectic College of Medicine," to be located in said county, as stated in the application of Joseph R. Buchanan, Wm. Sherwood, A. Jackson Howe, C. H. Cleaveland, Jas. C. C. Holenshade, John King, Wm. A. Ashton, A. H. Wells, Wm. B. Sheppard, and Wm. S. Sampson, five of whom are resident freeholders of said county; and whereas said appraisers, after being duly sworn according to law, have discharged their duties and returned to me a schedule and appraisement of the property of said institution, amounting in the aggregate to five thousand two hundred and thirty dollars, twenty-five cents. It is therefore certified that the aforesaid proceedings have been had in strict accordance with and conformity to an act of the General Assembly of the State of Ohio, entitled "An Act to enable the trustees of colleges, universities, and other institutions for the purpose of promoting education, to become bodies corporate." Passed April 9th, 1852, and the act amendatory thereto, passed March 11, 1854.

{L. S.} In testimony whereof, I have hereto affixed my official seal and signature, the date first above written.

J. DAN. JONES,
Auditor of Ham. Co., O.

Received and recorded Dec. 23, 1856.

STATE OF OHIO, } *SS.*
HAMILTON COUNTY, }

I. John W. Carlton, Recorder of, in, and for said county, do hereby certify that the foregoing is a true and correct copy, as appears on record in my office, in Book of Corporations, page 168.

{L. S.} In testimony whereof, I have hereunto subscribed my name and affixed my official seal, this 24th day of December, A. D. 1856.

JOHN W. CARLTON,
Recorder of Hamilton Co., O.

THE SPRING SESSION.

THE usual Spring course of Lectures, in the Eclectic College of Medicine, will commence on Monday, the 16th of February next, and continue fourteen weeks. By an arrangement with the Worcester Medical Institution of Boston, Massachusetts, the Professors of Anatomy, and of Obstetrics, will deliver *two lectures* each day during the earlier half of the Spring term, and thus finish their course in seven weeks. This arrangement will not prevent the faculty from giving a full course of lectures in all the departments, while it will enable those engaged in practical Anatomy, to finish that subject before the season is so warm as to cause discomfort.

As our College is complete in its organization, and our lecture-rooms newly furnished, and very convenient, we assure those who may attend the Spring Session, as profitable and pleasurable a time as at any season of the year. For further particulars, we refer to the cover of the present number of the Journal.

BACK NUMBERS.

ALTHOUGH we have had printed a large edition of the College Journal, we find we have but a limited number of complete sets of *Volume One.* We shall supply these to our subscribers until exhausted, at the subscription price of *One Dollar*, and we will esteem it a great favor if such as have not a full set, will return to us those numbers they can spare, directed as above to the College Journal.

We will endeavor to furnish all with missing numbers to complete their sets from such as we have on hand.

THE TRUE ECLECTIC COLLEGE, THE PARENT SCHOOL

THE question Where is the *Eclectic College* in Cincinnati, will often ,, asked by medical students, and will be answered by referring them to COLLEGE HALL on Walnut Street near Fourth, the same locality in which nearly twenty years since, Professors DRAKE and GROSS with other eminent teachers, rivalled the Medical College of Ohio. This is now the seat of the "ECLECTIC COLLEGE" which stands before the public in regular lineal succession as the parent school of American Eclectics. Prof's. T. V. MORROW and J. G. JONES were the pioneers of the successful establishment of this liberal scientific movement—their campaign at Worthington Ohio, was arduous and but moderately successful. Dr. Jones for a time withdrew from the field of Medical teaching and the enterprise was renewed in Cincinnati, where under the leadership of MORROW and BUCHANAN, it attained a rapid growth and wide-spread influence. The death of DR. MORROW induced the return of DR. JONES as a teacher, and the labors of BUCHANAN and JONES were crowned with continued success. For six years past, Dr. Buchanan as Dean of the Faculty, has occupied the position for which, by his abilities and attainments, he was more eminently qualified than any other individual. The literary duties of the Deanship were performed by Dr. B. even during the four years previous, when the office was held by Dr. Morrow. After a brief term of service, the declining health of Dr. Jones compelled him to discontinue his lectures, holding the relation of an Emeritus Professor, and recognized as the author of the text-book of the college on the Practice of Medicine. Thus far the history of the parent school is a history of successful progress, notwithstanding various difficulties over which it has triumphed. The quiet ejection of Dr. Baldridge was a great relief; the excision of the Homœpathic department was also beneficial. In these two measures Dr. B. took a leading part sustained by the general co-operation of the Faculty. Next the ejection of Dr. L. E. Jones by the unanimous effort of the Faculty, in which Dr. B. again took a decided part, relieved the Faculty still further from objectionable influences. Under all these difficulties the parent school has been sustained. Finally it became necessary to remove two embarrassing and dangerous encumbrances from the Faculty in the persons of Drs. Newton and Freeman. This too was accomplished by the unanimous action of the six remaining Professors, and a signal improvement effected by the introduction of Professors Burnham and Howe. Thus by a series of *unanimous acts*, the Faculty of the parent school has attained its present satisfactory organization, and we now refer the reader with pride to the composition of the Faculty of our school which still maintains its identity as the true Eclectic College.

To the weak and superficial mind, however, the dress is more important than the man who fills it—and a college edifice is more important than the true college—the Faculty. Hence we propose the question, which is the true Eclectic College? The college property belonging to private stockholders was not identified with the Faculty or college proper. Hence, when by various purchases a majority of the stock had fallen into the hands of the parties who had been expelled from the Faculty, they were enabled to reinstate themselves in the college building, depriving the old Trustees and Faculty of its use. The Faculty, however, have continued right on with the exercises of the college as before, in another and more central edifice, and still present before the profession the names of nearly all the original teachers yet in the field who have not been condemned and unanimously rejected from the college.

To such a Faculty, organized now, as heretofore by regular succession and progress from the first movement nearly 30 years ago, being the lineal succession of a body which has embraced the talent and worth and moral courage which have led and upheld American Reform, retaining still the familiar names of leading teachers and exempted from all that was unanimously considered unworthy, we apply as justly now as heretofore the title of the *parent school*, and hope that it will ever continue to be rcognized as "The Eclectic College," although its instructions are delivered in a different building from the one which was formerly occupied. In future years when the public mind has become accustomed to look to College Hall for the Eclectic College, our Faculty may possibly find in other buildings a desirable location, our present halls may be vacated and some ephemeral organization may march in to occupy our stand and present themselves before the world as the Eclectic College. The public, however, will understand that bricks and benches are not a college and that although a Faculty may dignify a building by their learning and labors, the building does not retain their intellect nor transfer their learning and reputation to their would-be successors.

The Faculty of the Institute as announced, (1856,) has been transferred in an unbroken body to the Eclectic College of Medicine. Having adopted a new organization a new title, and a new edifice, all of which they consider improvements, their old alumni, everywhere feel an interest in this rechristening of the *parent school* from which they hold their diplomas. We have already an application from one of our old graduates for a new diploma, based upon the fact that as the college has taken a new name and the old name has been assumed by parties who can not maintain its honor, it is desirable that Eclectic graduates should have new diplomas to correspond with the name of their college and relieve them from all connection with the heterogeneous corruption which now holds by the power of money, the old college title. To this application we have given a favorable answer, and we shall hold ourselves bound to our old graduates, to renew their diplomas whenever demanded, charging only a small fee for the necessary expenses. They may either forward their old diplomas by mail, or if they wish to retain them, give us their address and the exact date of their former graduation.

PERSONALITIES.

ALTHOUGH we have ceased to notice the scurrilities of medical demagogues, our attention has been called to resolutions purporting to have been adopted by medical students, who profess to be offended by the remark in our last number that we had a class too intelligent to be misled by falsehood, cajolery, gratuitous admission, and easy graduation, or the scurrilities of a Satanic press; which they profess to consider an *insinuation* that they who are not of our class have been duped, bribed, &c. In writing the paragraph we thought only of the truth that it stated; we meant no *insinuation*, for we prefer to speak directly to the point; and we have no idea the young gentlemen who signed the resolutions would have taken any part in the matter without having been prompted by interested parties. Nevertheless, as they have lent their names to an unwarranted retort, and assumed that we aimed at them, we are willing to tell them very plainly what we do think, and have thought. We do not consider their class, generally, mere seekers of a diploma on any conditions; but that some individuals of their class have been attracted by a prospect of *easy graduation*, and with good reason, we have no doubt; for they know that some of their Faculty have been famous operators in that way; and it is notorious that they have graduated unqualified first course students. One of the students of the Eclectic College of Medicine states that he was offered a graduation long since, when a first course student, by Dr. L. E. J., but had sufficient self-respect to reject the offer. His name is at the service of those who wish to inquire; and we have other facts of the same character. It is the interest of all respectable students not to shelter those who would unfairly enter the profession, or those who would encourage them to do it.

As to being duped, we know not whether the gentlemen who sign the resolutions are very greatly duped or not. If they believe one fourth of the scurrilities of their professors they are certainly duped. Their own resolutions show that they have been misled and mistaken; for they refer to the non-incorporation of the Eclectic College of Medicine, and to the Faculty being incompetent to graduate students, as their reason for not attending its lectures. They can perceive, however, by this number of the Journal, that our College is most satisfactorily incorporated, with as perfect legal powers as any College in Ohio; and they *should have known* that this incorporation was a matter easily obtainable by any respectable *bona fide* College. As this was generally known to those who understood the laws, we were not in any haste about our incorporation, but arranged the matter at our leisure. Interested parties took advantage of this to impose upon students, who ought to have been upon their guard against such deceptions, and to have known upon whose statements to rely. We do not wish to censure any who have been deceived, for students from a distance are often imposed upon by the designing, as they have little opportunity of knowing the merits of a local controversy. Their true policy is to avoid such contests, to concentrate their minds on their studies, and to seek the instruction of men of integrity, talent, and learning, wherever they are to be found.

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BOOK NOTICES.

The Indigenous Races of Men, or New Chapters of Ethnological Enquiry; including Monographs on special departments of Philology, Iconography, Cranioscopy, Palæontology, Pathology, Archæology, comparative Geography, and Natural History.

Under a title similar to the above the enterprising publishing house of J. B. Lippincott & Co., of Philadelphia, are about to publish a unique scientific work, which, doubtless, will attract more of the attention of the scientific world than any modern work. The contributors to its pages will be Alfred Maury, Francis Pulszky, J. Aitken Meigs, M. D., J. C. Nott, M. D., and Geo. R. Gliddon, M. D.

The work will be published in medium quarto form (to match the first edition of *Types of Mankind*), and will contain about six hundred pages, printed in the best style of art. It will be published on subscription, and contain an alphabetical list of subscribers, both in Europe and America. The European list already contains the names of a large number of persons best known as ardent in the pursuit of scientific knowledge.

The price in America will be *Five Dollars*, payable on the delivery of the book. They will be bound in various styles at an additional charge of from one dollar to two dollars and a half.

For the convenience of the profession, the publishers of the *College Journal* will receive the names of those who may desire this work, and forward them to the proper persons.

The work will be illustrated with near one hundred and fifty wood cuts, and a Tableau, containing *fifty-four* tinted heads of different races, and another map, illustrated with fifty-four tinted monkey portraits, and six human portraits.

* * *

Anatomy of the Brain, from the celebrated Dissections of John Lizars, M. D., etc., of London; comprising *fifteen engravings* (colored after Nature), with accompanying explanations. Edited by Langdon Rives, M. D.

"These plates are taken from the justly celebrated work of Lizars, and are executed in very superior style. In the fifteen plates will be found all the different dissections of the brain perfectly delineated, and the accompanying notes of explanation will enable the student to gain a thorough knowledge of its anatomy in a much shorter time than by actual dissection, while they will always serve as an easy mode of refreshing the memory in this part of Anatomy."

The above extract from the Author's Preface will serve to describe this work; and to it we need only add, that as the plates are about eighteen inches in length and twelve inches in breadth, and are admirably drawn and colored, the work is one of great beauty and usefulness. From it the anatomy of the Brain and Spinal Cord can be learned with great ease.

* * *

MISCELLANY.

RETURN FROM EUROPE.

Prof. Henry A. Warriner, M. D., of Antioch College, who has been in Europe for nearly two years past, engaged in mastering the higher departments of Chemical Science, and perfecting himself in analytical chemistry, has just returned richly laden with intellectual acquisitions. Prof. Warriner is an ardent cultivator of Science. Philosophical in thought, and elevated in his aspirations, he will be a valuable acquisition to Antioch. Sincere, earnest, and truthful, scorning the arts of claptrap and charlatanism, he belongs to that nobler class of scientific men, who are an honor to their country.

THE COLLEGE JOURNAL

WILL be sent to such of our friends in the profession as we have reason to hope will become subscribers to it. We wish it distinctly understood that none become subscribers until they have *paid in advance.* We issue no bills for collection, with any specimen numbers we send out, but will ask of those who receive such numbers of the Journal, to become subscribers and forward the dollar, or to *return* the Journal through the mail directed to "The College Journal of Medical Science, Cincinnati, Ohio."

The large size of our periodical, and its low price, leaves us no margin to offer to agents, but we anticipate that all who receive it will act as agents by calling the attention of their friends to its size, character and price.

The cordial approbation of the best minds, which has greeted our volume so far, assures us that we were not mistaken in believing that intelligent physicians prefer a Journal honorably conducted, free from charlatanry and scurrilous personalities.

One of our most esteemed correspondents, and judicious writers for the medical press, observes in a late letter, "I feel much interested in the character and prosperity of your Journal. It is approaching very near what has long been my ideal of a perfect Medical Journal. All that seems lacking is more able outside contributors. Such you will get, if you continue to make an effort."

A subscriber in Maine says of the Journal, "It is the most welcome messenger of any periodical on my shelf, and so long as it maintains the elevation of character with which it began, and which it has thus far sustained, I desire it should always be present in my library."

A subscriber in Pennsylvania, J. E. H., says, "Allow me to express my gratification with the manner in which the *College Journal* is conducted." Such is the general spirit of our correspondence.

SCARLATINA AMONG ANIMALS.

Sometime since a case of scarlatina in a horse, was published in that valuable magazine, the *American Veterinary Journal.* More recently, the *Pitsfield* (Mass.) *Eagle* has given an account of a family of a physician in that town, where two children had the scarlet fever, and during their illness they had, for pets, two kittens. Both kittens sickened subsequently, with distinct symptoms of scarlatina, and one died, while the other came near dying. A canary bird, in the same room, also sickened and died of scarlatina.

COMPOUND SYRUP OF THE PHOSPHATE OF IRON.

We have been shown a beautiful preparation of the above, as manufactured by W. J. M. Gordon, the well-known Pharmaceutist of this city, which is far more pleasant and efficient than any preparation of the phosphate of iron heretofore in use.

A tea-spoonful of this syrup contains about—

1½	grains	Phosphate of Iron
2½	"	Phosphate of Lime
1⅕	"	Phosphate of Soda
1½	"	Phosphate of Potassa
4½	"	free Phosphoric Acid.

REMOVAL.

The well-known firm of W. S. Merrell & Co., Druggists and Pharmaceutists, having found their house at the corner of Vine and Pearl streets, too limited for their extensive business, have moved to the new and splendid store on Third-street, one door west of the Burnet House.

A good opportunity for an Eclectic physician may be found at Port Washington, Tuscarawas county, Ohio. Dr. Jos. Burr, who has long had an extensive practice at that place, wishes to sell out his property at a moderate price and remove.

THE

COLLEGE JOURNAL

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ORIGINAL CONTRIBUTIONS.

SCIATICA.

BY L. C. DOLLEY, M. D., ROCHESTER, N. Y.

Since this is regarded as one of the most severe and obstinate diseases the physician is called upon to treat, and as many of the measures ordinarily advised, often fail to accomplish a cure, some further particulars of treatment, it is hoped, will not be without interest to the readers of the *College Journal.* Occupying broad and catholic grounds, we, as liberal and progressive physicians, are stimulated to push our researches in every direction, and to give a hearing to the testimony and experience of all liberally educated practitioners. But, while we should be proud of the mighty changes for the better which are almost daily taking place in the practice of medicine, we should be careful, and not be carried away by, and make hobbies of new measures of treatment, unless in view of apparent causes, and pathological conditions, their use appear rational and appropriate.

In the management of sciatica, as in that of many other diseases, many of the measures advised are purely empirical;—measures which are suited only to cases dependent on certain· causes, are recommended indiscriminately for all cases of sciatic disease. This being the case, we can not be much surprised at the great diversity of opinion in reference to its treatment, as exhibited by the discussions of the London Medical Society, and, indeed, by all that has been written upon it. One physician finds croton oil, or other cathartics, to relieve one or more severe cases of the disease, and such he at once heralds forth as *the* remedy; another cups and cures a few cases—cupping is at once declared a certain remedy for sciatica; another gives turpentine, and cures a case or two—he exclaims "*Eureka!* turpentine is a specific;" another gives Colchicum, or carbonate of iron, or something else, with like results.

Those who think, when they find patients suffering from sciatica, that they can, without a careful analysis of each individual case, overcome the same by the use of some specific remedy, perhaps successfully used in a limited number of cases, can not fail, in long and diversified practice, to find themselves, frequently, signally disappointed. The causes which may serve to derange and enfeeble the nervous system, and thus predispose to sciatica are numerous, and scarcely less so are those exciting causes which may concentrate and localize the disease, or its manifestations in the region of the sciatic nerves. It is not my purpose in the present communication, to dwell at length upon the description and etiology of sciatica, nor to compile all that various authors may have written respecting its treatment (it is presumed that those who are worthy of recognition as physicians, have libraries and peruse them), but to present, briefly, some peculiarities of treatment which have enabled me to manage successfully and promptly many cases.

An early experience in a few severe cases of sciatica, taught the writer the importance when we would effect a permanent cure, of searching carefully for the causes which may be concerned in developing the disease; only when such are understood can the plan of treatment in detail be prescribed, best suited to counteract and remove the local affection. If dyspepsia, sedentary habits, the use of tobacco, or other causes, may have occasioned general nervous debility, such are to receive due attention, or nothing but temporary relief, will be secured. If there is evidence of disease or irritation in any part of the urinary organs, such must be prescribed for according to the peculiarities of the case. If constipation, diseased ovaries, enlarged uterus, or prostate gland by pressure and contiguity of irritation, cause pain in the sciatic region, the plain indications are, not to rely upon cupping or carbonate of iron, but to try and remove the primary affection by such treatment as seems most appropriate, at the same time adopting such measures for the sciatic trouble, as will be presently alluded to. If there exists a rheumatic or neuralgic diathesis, or an impoverished state of the blood, such conditions must not be overlooked.

Simultaneously with the treatment which both the remote and exciting causes seem to make indispensable, certain local measures of treatment, of great value, may be resorted to, which, it is presumed, inasmuch as they are scarcely hinted at by writers generally, are seldom appreciated and adopted. I allude to the endermic application of morphia, conjoined with counter-irritation. When called to treat a case of sciatica, the writer has been accustomed, during about ten years' practice, to apply immediately a small blister of cantharides (not larger than a quarter of a dollar) over the origin of the sciatic nerve, where pressure upon it reveals the greatest degree of tenderness on the side affected. As soon as the blister has filled, the cuticle is removed, and the surface sprinkled with from a half to one grain of sulph. morphia. This is slightly moistened, and afterward covered with the irritating plaster (Am. E. Disp.), spread upon leather the size of the plaster which has been removed. This dressing of the morphia, and the irritating plaster is repeated three or four times each twenty-four hours, as long as the pain continues to manifest itself. After the application of the morphia is no longer necessary to quiet the pain, a purulent discharge is kept up by the irritating plaster from two to four weeks. The effects of the morphia, thus applied, are usually prompt and reliable. The leather upon which the plaster is spread is usually cut much larger than the sore, and the margin spread with adhesive plaster. By this arrangement the plaster is kept in its place effectually, and the patient's linen is protected.

In connection with the above, if the suffering of the patient is great, the following is sometimes directed:

℞. Tr. Aconite Root, f℥j,
Chloroform, f℥ss,
Castor Oil,
Liquor Ammonia, āā, f℥ij,
Comp. Soap Tincture, fʒjss.
Mix, and form Liniment.

Saturate a fold or two of cloth with this, and apply over the seat of the pain and cover with oiled silk. The aconite, if well prepared, is one of the most reliable nerve sedatives in use, and when thus combined, will serve the practitioner admirably in many painful affections. If applied extensively over the pelvic region, its effects must be watched, lest temporary paralysis of the bladder result from its use. After using it upon a lady a few months since, who had been suffering under homeopathic treatment several weeks from sciatica, I was obliged, for two days, to empty the bladder with a catheter. Preceding, and during the use of these measures, and as auxiliary to them, cups have, in two or three instances, been applied over the sacrum and hips.

The following has been found a very suitable anodyne, when it is necessary to administer such internally, and is especially applicable in those cases which are preceded or accompanied with dysmenorrhea.

℞. Powdered Root of Ictodes Foetida,
" Bark of Viburnum, aa, ℥ss,
" Root of Caulophyllum,
" Leaf of Hyoscyamus, āā, ℥j.

M. Cover with boiling water, and when cool, add three pints of Malaga wine. Dose, a table-spoonful once in from five to eight hours.

Where there is long standing spinal weakness, or leucorrhea, or ulceration of the cervix uteri, the following is of great service:

℞. Ext. of Nux. Vomica, grs. viij,
Ext. of Belladonna, grs. ij,
Ext. of Valeriana, or Ext. of Scutilaria, ʒss.

M. F. Pills No. xxxij. Dose, one pill at bedtime.

The foregoing pill may be alternated with Marshal Hall's Sol. Strychnia:

"℞. Strychnia, Acetate, gr. j,
Acetic Acid, gtt. xv,
Alcohol, fʒij,
Water, fʒvj.

M. Dose, 10 drops, three times a day taken with meals."

In the application of the morphia upon a raw surface, as directed, the writer does not claim originality, except in the substitution of the irritating plaster for the blister, to keep the surface suppurating, and in combining these measures with other treatment, according to the outline given. The endermic application of morphia in these cases was first suggested to him by his former partner, Dr. A. Babcock, late M. C. from western New York. It may be added, that the writer was knowing to the few successful trials which had been made in the treatment of obstinate sciatica by inoculation with morphia, by means of an instrument, as practiced by Drs. Rhynd, Bracket, and others. (See *North Western Med. and Surg. Jour.*, Sept. 1851, and *Rankin's Abst.*, Dec. 1851.) The identity of the composition of morphia, and the nervous substances, as demonstrated by Liebig, also served to impart confidence in this plan. As to his theory of its *modus operandi*, space will not here allow of an explanation. Far more than by anything else, was confidence strengthened by repeated trials. He has long regarded sciatica, instead of deserving to be classed among the *opprobria medicorum*, rather as among those diseases which may be rationally and successfully treated.

It was very gratifying to find the writer's experience in the application of morphia to a denuded surface, confirmed about a year since, by an article by Peyton Blakeston, M.D. in the *Med. Times and Gazette,* and republished in the *Charleston Med. Jour. and Review.* That the value of the treatment may be better appreciated, some extracts are added from the article alluded to:

"A blister, about the size of a crown-piece, is placed over the chief seat of the pain, which is usually the flattened part of the buttock. After it has risen well, and the cuticle has been thoroughly removed, the raw surface is sprinkled with a powder, consisting of one grain of acetate of morphia on an average, and a little white sugar. This dressing is repeated for six successive days, the surface of the blister being kept in a raw state, if requisite, by cantharides or savine cerate, or else by Albuspayeres' plaster. This suffices for a very mild case, but in severe cases of old standing, the pain will now be found to have left its original seat, and to have seized on the knee of the affected side. The same treatment is then applied to the ham, and, after six dressings, the pain will have generally disappeared, and the patient will rapidly recover. By this mode of treatment, eighty-three cases of uncomplicated sciatica have been cured, without a failure having come to the knowledge of the writer. This number might have been greatly augmented had it included the results arrived at by such of his friends and former pupils, as had employed it at his suggestion, and which have been no less successful than those which occurred in his practice; but he is desirous of recording such only as have come under his own immediate notice, and for the accuracy of which he consequently can hold himself responsible."

"In a great majority of these cases, no other drug was administered, but, in a few, some laxative medicine or injection was given to remove constipation."

"In six cases the disease recurred after an interval of from five to eighteen months; and in two of these it recurred twice; but each attack was less severe than the one which preceded it, and yielded readily to the same treatment. It is possible, however, that relapses might have more frequently taken place without having come under the notice of the writer; but he thinks they can not have happened very often."

It would seem that this worthy English physician is amenable to the charge of making a valuable prescription a hobby, and of neglecting to ascertain and remove the manifest causes, and pathological conditions which were concerned in producing the sciatic affection. Had such been looked to in a proper manner, may we not suppose that instances of relapse would have been still less frequent? In about twenty cases treated by the writer, he has found but two in which the disease recurred with any considerable severity. In one of these cases, the disease was excited by a scirrhous disease of the prostate gland. A report of this may be found in the *New York Eclectic Medical and Surg. Jour.*, Jan. 1850. The other case was that of a lady in this city, in whom sciatica was excited by an uterine tumor of solid, but mixed character, involving the whole uterus, and which was removed by Prof. W. Burnham, assisted by the writer and others, on the 13th of December, 1856, at which time it weighed nine pounds. When this was small and confined within the pelvis, it gave rise to a very excruciating sciatic trouble, which was, however, confined wholly to one hip.

The utility of a similar mode of application of morphia, etc., for the cure of facial neuralgia, is presented in an article by the writer, which may be found in the *Eclectic Journal of Medicine*, Nov. 1852, of which he was then editor. Many distressing cases of neuralgia of the face have yielded promptly since that time, to blisters, morphia, and irritating plaster, applied over the inferior portion of the mastoid process, accompanied with such constitutional care as each case seemed to require.

ON HARE-LIP OPERATIONS.

BY PROF. A. J. HOWE.

A DEFORMITY often exists in the upper lip, which consists of a fissure extending from the nasal opening of one side to the free margin of the lip, and is generally a little to one side of the mesial line. When such a deformity exists it is called single hare-lip. The double variety has a fissure upon both sides, and either variety may be complicated with a cleft in the hard and soft palate. Sometimes in double hare-lip there is an intervening projection of bony structure, irregularly covered with integument which corresponds to the pre-maxillary bone of inferior animals. Either deformity is strikingly noticeable and prevents perfect enunciation. The cause of such deformities is unknown, but it is commonly considered as dependent upon an arrest of development, or defect of evolution. Mothers of children affected with hare-lip often say that during pregnancy, they saw a child thus deformed, and were influenced by fears that their expected offspring might be similarly imperfect. Be this as it may, it is not intended in this article to inquire into causes. When the deformity exists it is desirable that the defect be removed, and to effect a cure it is necessary to pare or freshen the borders of the fissure: to approximate perfectly the abraded edges, and to maintain them in contact until union has taken place by immediate union. After the borders of the fissure have been freshened the deformity is reduced to the condition of a simple wound, and is to be dressed in a manner calculated to secure a union. The means ordinarily employed to hold the parts together are pins, sutures, and adhesive straps. The cold water dressing is suited to keep the wound in good condition, and subdues high inflammatory action. The earlier surgeons resorted to the hot iron, chemical caustic, blistering plaster, and other means to abrade the edges of the cleft, and not till a late period did the bistoury or scissors take the place of them. Most surgeons recommend that the operation be conducted as follows:—Dissect the lip from the gum along the borders of the fissure, and having slid under a spatula of soft wood as a *point d'appui*, pare the edges with with a bistoury. This done, a pin or needle is passed from one side to the other to approximate the deeper parts of the wound. Around the projecting extremities of the pin a ligature is applied in the form of the figure 8, which brings in contact the outer borders of the wound. One or two pins and ligatures are used in the same manner above the first, and between these are applied adhesive straps.

In four or five days the pins are to be removed and a union is found to have taken place, yet the adhesive straps are kept on for two weeks to prevent the wound from being torn open by movements of the face. The lip is now sound, but an unseemly notch remains on the prolabium or free border of the lip at the lower point of union, which is owing to the obtuse angle at which the border of the lip and fissure meet before the operation.

By a reference to the cut the deformity which often follows this mode of operation will be seen.

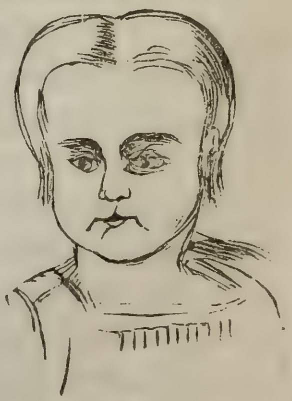

Fig. 1.

To avoid the notch Mieault introduced a plan of operating that almost conceals the deformity. He pares one side after the manner just described, and raises a flap upon the other which is to be turned down and made to join the receding angle of the opposite side. After union has taken place a very slight deformity remains, yet the union after such an operation does not leave a straight cicatrix, and the free border of the lip does not present a natural tubercle in its center.

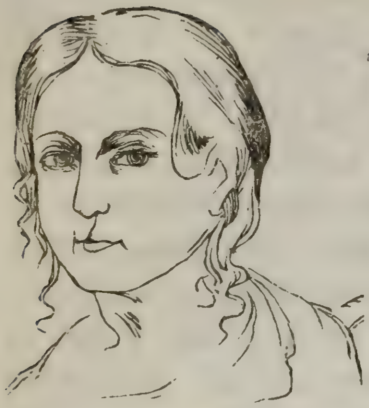

FIG. 2.

In Fig. 2. the irregular cicatrix and tubercle at one side of the center of the lip, is shown, but the deformity as delineated in the cut is not as great as often met with.

The operation of Dr. Barton consists in removing a semi-elliptical piece from both borders of the fissure, making them concave before they are brought in contact. The cicatrix following this operation is straight, but a slight notch remains in cases of much malformation.

The most perfect method and that followed by many of the best surgeons, is the operation of Malgaigne. It leaves the cicatrix straight, and no notch remains. It consists in turning down a slender, conical or wedge-shaped flap from the edges of the cleft and dressing the wound in the usual manner with the exception of an extra pin passed through the pendant flaps on a line with the free border of the lip, and trimming off the part below the pin. As it is an operation above all others to be recommended, a more detailed account of the manner of operating may not be amiss.

Let the child's neck and breast be covered with a napkin, pinned down so as to confine its arms. A reliable assistant, being seated, takes the child into his lap, and is prepared to compress, between his thumbs and fingers, the lip at its outer angles, to prevent hemorrhage from the coronary artery, when its extremities are divided. The surgeon having prepared himself with pins, ligatures, adhesive plaster, scissors, bistouries, forceps, and other requisites for an operation of the kind, commences the operation by dissecting up the lip, on each side of the fissure, to prevent any considerable strain upon the parts when they are approximated. A bit of pasteboard card, or wooden spatula should be slid under the dissected parts, and a bistoury made to enter on one side, at the upper extremity of the fissure, and a slice or flap separated downward to near the margin of the lip. The flap is to be left attached by its base as a pedicle, and the other side treated in the same manner. The spatula is now removed, and the two flaps are turned down. The next step in the operation consists in approximating the edges of the wound. This is done by passing a pin through the borders of the freshened cleft, near its lower extremity. The pin should pass deeply without going through the lip, and serves to bring together the deeper parts of the wound, and, at the same time, arrests the hemorrhage from the coronary artery. The external portion of the wound is united by a ligature which is thrown around the projecting head and point of the pin, in the form of the figure 8. One or two other pins are inserted above the first, and ligatures thrown around their extremities in the same manner. The flaps projecting below the margin of the lip are to be held together at their bases by a small pin, which is made to transfix them very near the edge of the lip. After a ligature is thrown around the pin, the flaps below it are to be clipped away with scissors. Strips of isinglass plaster are now to be applied across the wound. These should extend well upon the face, to prevent any strain upon the parts. As additional guard against the strain produced by efforts of laughing or crying, compresses may be placed on each cheek, over the zygomatic muscles, and these secured by a bandage of tape, which is made to pass over the lip and compresses, and around the head above the ears. The dressing over the wound should be kept wet with tincture of arnica, diluted with three parts water. The patient should be kept on a scanty diet for a few days, and the pins carefully removed on the fifth or sixth day. The plasters and compresses should be continued for several days more. When firm union has taken place the dressing may be removed, and if too prominent a tubercle, the remains of the flaps, should exist, it may be excised sufficiently to make the lip appear natural. This plan of operating leaves no deformity, except a straight cicatrix, as represented in Fig. 3.

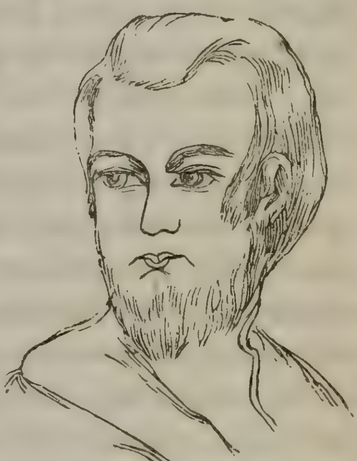

Fig. 3.

The best hare-lip pin, is the *epingle* of the French; but a common dressing pin, or a needle with a head of sealing-wax, will answer the purpose. Their points, after insertion, may be shielded with adhesive plaster. It saves cutting off the points, and prevents any irritation on their part. The pins should be made to enter at a third of an inch from the edge of the wound, and to emerge at an equal distance on the opposite side.

In cases of double hare-lip, the parts between the fissures are often distorted, and made to project, by two or three incisor teeth growing from the pre-maxillary bone. Then no definite rules can be laid down for the operation. It has been recommended to extract the teeth, and excise the bone, at the commencement of the operation. But such a course is not advisable in many cases, since the united lip is found to press back, in a remarkable manner, the unseemly projection, and in many cases will entirely restore the parts to their natural position. It is well to assist the action of the restored lip by pressing frequently with the finger on the bony prominence. When it becomes necessary to excise the osseous projection, in order to approximate the edges of the fissure, caution should be observed lest a removal of too much bone allows the incisor teeth of the lower jaw to shut forward of the alveolar ridge above, and thus produce an awkward deformity.

In an ordinary operation for double hare-lip, the integument occupying the middle space, should be dissected from its bony support, and also from the outer borders of the fissures, and then each cleft is to be treated like simple hare-lip. One set of pins will reach through both fissures, and the dressing should be in every respect like that already described.

Surgical opinion is greatly at variance in regard to the most suitable age of the patient for an operation. Successful operations are cited as having been performed at all ages. It is well known, that a wound in a very young subject will unite as readily as at a later period in life. A too early interference is strongly objected to by Mr. Liston and others. It is urged, that the mortality among infants is so great that many operations never prove of any service, although they be successful. Infants do not bear well the rigid diet that ought to be enforced, and the consequent emaciation renders flabby the parts involved, sometimes producing irregular union. At the period, however, of from one to three or four years of age, the child is aware of some harm being done to him, and will cry violently when the surgeon attempts a second dressing, and he thus tears open the uniting wound. From the personal experience of the writer, and that of a majority of American surgeons of the present day, the age of six months, when other circumstances are favorable, is deemed the most suitable for a hare-lip operation.

QUERIES ANSWERED.

Ulcerations of the Os and Cervix Uteri—Treatment.

"Prof. C., I want some advice in reference to the use of caustics in the treatment of ulcerations of the cervix uteri. What caustics do you use most? and with what success? How long are patients under your care for such treatment?

"I have two patients under my care at present, whom I have treated two months. The ulceration has healed around the os, but does not yield in the cavity of the cervix. I am somewhat perplexed with the obstinacy of these cases. I have used the nitrate-of-silver stick each week, with other local and general treatment, but the local symptoms do not yield yet.

"What do you think of the sesqui-carbonate of potassa for an application to the cervix? I have not ventured on the use of the stronger caustics, for I have been satisfied with my success with the milder ones. I shall feel greatly obliged for any suggestions your greater experience will lead you to make."

REMARKS.—I will first reply to the query in regard to the *Sesquicarbonate of Potassa.* The chemical fact is, that no such preparation is known. A preparation has been sold and used under that name, which is a very impure, uncertain, and unscientific salt of potassa. It is usually made by taking equal parts of the impure pearlash, or carbonate of potassa of commerce, and the impure saleratus of commerce, which is often a mixture of some salt of potassa and soda, combined with various impurities. These are dissolved in hot water, and the solution is evaporated until the mineral is reduced to a solid semi-crystaline form. Of course, such a mixture is entirely unworthy the confidence of the profession, and is fast getting out of use.

I am not accustomed to attempt to heal ulcerations of the cervix of the uterus by means of the application of caustics. I know they are recommended and used by many eminent in the profession, but my experience does not lead me to expect an ulcer anywhere to heal, while the cuticle or epithelium is constantly being destroyed by an escharotic. Those agents may often prove advantageous in destroying morbid growths and changing the character of the ulcer; but they *destroy*, instead of promoting, granulation or cicatrization.

For ulcerations, external or internal to the cervix of the uterus, I am accustomed to use a solution of the chloride of zinc in water of a strength varying from one to five grains of the salt to an ounce of water. A sponge wet with the solution and applied to the ulcer, will stimulate the tissues to a more healthy action, and at the same time will melt and destroy any dead, or nearly dead matter, that may be within its reach. Instead of applying this once a week or once in three days, as we are advised to apply caustics, I prefer to have it applied three or four times daily, which it can usually be by the patient herself, with the aid of the tubular glass speculum, and a rod with a sponge attached to the extremity, or by means of a glass or gutta percha vaginal syringe.

When the ulcerated surface and the adjacent tissue assumes a healthy appearance, the sulphate of zinc, in solution, applied in a similar manner, being more astringent than the chloride, will be found more advantageous. An infusion of the root of the Hydrastis canadensis, or the sanguinaria canadensis, or both combined, will be found beneficial in restoring the epithelium to a healthy condition.

I sometimes apply the solid nitrate of silver for the purpose of repressing granulations, but usually I prefer a mixture of equal parts of pulverized alum and blood-root. This I apply by means of a sponge nearly dry. I have had occasion in many instances to moisten Simpson's uterine sound, and cover it well with these substances in powder, and then introduce it into the cavity of the uterus.

In my treatment of congestions, engorgements, fissures, and ulcerations of the neck of the uterus, and the neighboring parts, I am guided by the same general principles of treatment which would govern me in treating similar derangements in other parts of the system. The same class of agents are brought into use which I would apply to an inflamed eye, and the applications are frequently repeated. The parts must be kept as thoroughly cleansed of all abnormal secretions as possible, and solvents, stimulants, and astringents, must be resorted to when demanded by the nature of the case.

The effect of the *dislocation* of the uterus must not be lost sight of, and pessaries, bandages, and supporters, may be required in order to restore the organ to its normal position. In most cases of ulceration connected with prolapsus, I find the *sponge* pessary to answer a good purpose. Any one, with a little care, can make a good sponge pessary.

Select the finest sponge with an even close surface, beat it well with a hammer, to crush all pieces of coral or shell that may be contained in it, and shake out the fragments and sand, then put the sponge for a minute or two in dilute sulphuric acid, until all the albumen and other matters are dissolved, wash with water and with dilute aqua ammonia, until the acid is neutralized, and then wash again freely in pure water. By these means the sponge will be made very soft and pliable. It then should be trimmed with a pair of scissors, and cut in the proper shape, so that it may be sewed up into the form of an egg, with a cavity within, and the walls not more than half an inch in thickness. To the smaller end a ribbon should be attached, to aid in its removal from the vagina. This may be softened with mucillage, and introduced into the vagina to support the uterus, and can often be worn with great comfort, even when the cervix is ulcerated and quite tender

By means of it, any desired medicated wash can be kept constantly on the affected part.

It is quite fashionable to apply caustics to the uterus, and the dead-house has revealed many instances where a considerable portion of the organ had been destroyed by them previous to the death of the patient.

In making a vaginal examination with the speculum, it is necessary to be sure that the uterus is within the field of vision. An illustration of a mistake which sometimes is fallen into, was revealed in our dissecting room. The subject had an ulcerated and hardened condition of the upper part of the vagina, to which evidently caustics had been repeatedly and persistently applied, until a thickened band of ulceration gave to the constricted part an appearance which was mistaken for a diseased and changed cervix. To this band the caustics were applied, until the vaginal canal was much inflamed. On dissection, the uterus was found above the parts to which the caustics had been applied, in its normal position, and in nearly a healthy condition. I have observed similar errors of diagnosis and treatment in the hospitals and elsewhere.

But the treatment of ulcerations of the cervix of the uterus is too broad and important a subject for one single article. Should it be desired, I will again refer to the therapeutics of the pelvic organs.

C.

FORMULÆ.

A FRIEND, in whose therapeutic skill I place no small amount of confidence, has proposed several formulæ as presenting combinations of agents which are very convenient and desirable in practice, with a request for my opinion of preparations proposed. A *cathartic pill* that has been found very acceptable, is composed as follows:

℞. Alcoholic Extract of Iris Versicolor,
" " " Leptandria,
" " " Juglans Cinerea, āā,
Mix. and form Pills.

As these extracts are usually too soft for a pill mass, they may be thickened by means of powdered podophyllum and capsicum, to which may be added a little blood-root.

For the ordinary purposes of a cathartic pill, there can be no doubt these will prove very satisfactory.

As an *anti-dyspeptic pill*, the friend referred to makes use of the *pilulæ aloes compositus* of Prof. Morrow, as given in the A. E. Dispensatory, with the addition of capsicum and blood-root.

Should it be thought advisable to change the formula of Prof. Morrow, I would propose that the Gamboge, the lobelia seed, and the oil of cloves be omitted, and a little ipecacuanha added.

For *female diseases*, it is proposed to use the following pill :

℞. Alcoholic Ext. Cimicifuga, Racem.
" " Caulophyllum, Pelt.
" " Aletris Farin.
" " Iris Versic, āā.

with the addition of Prussiate of Iron, when necessary.

I am promised other formulæ for other purposes, all of which are presented to the profession for their consideration. C.

SELECTIONS.

THE ECLECTIC COLLEGE OF MEDICINE.

Our readers are aware that there has for sometime existed a difficulty among the Trustees and Faculty of the Eclectic Medical Institute at Cincinnati. The difficulty commenced among the Faculty themselves, originating in the alleged incapacity of some of the members. The alienation of feeling once begun could not be arrested, and the result was an open rupture some time last spring, during the spring term of lectures. Dr. Newton, as alleged by the other party, appears to have been the chief stumbling-block to prevent the success of the institution.—Consequently, by a vote of the Trustees, he was removed from his place, and another gentleman appointed to fill it. Deeming the course pursued by the Trustees as illegal, he in return, in the first place, obtained by force possession of the college building; and then, by the help of stock under his control, proceeded to elect a new Board of Trustees, who immediately removed all the members of the Faculty except himself and one other, and made new appointments in their places. Soon after a suit was commenced to recover possession of the College property. After various quirks and special pleadings with the usual "law's delay," the question was finally brought to a decision in favor of Dr. Newton and his coadjutors.. This decision affirmed his right, not only to the possession of the property, but to the legal charter of the Institution.

Meantime the old Faculty pursued their avocations with their usual quietness, and, when the time arrived, commenced a course of lectures in another building, with a very large and excellent class. The legal decision against them was somewhat unexpected, though not unforseen. Arrangements were accordingly made, so that, in any event, they would be able to pursue their course in the same peaceful and effective way. As soon, therefore, as the decision was rendered, they made application for a new charter under a general law of the State respecting corporations. The charter was obtained without difficulty, and all the legal steps were taken, so that in a short time they had a new medical institution, under the name of THE ECLECTIC COLLEGE OF MEDICINE. Under this name and this charter they are now acting, and every step is marked with the strictest legality as well as harmony.

From the little knowledge we have been able to obtain, we are fully satisfied that this is the best and wisest course they could pursue. The old corporation was encumbered with a heavy debt, and the building itself, as we are informed, is under mortgage. It was certainly bad policy to contend in law for the possession of such a burden. Individual stockholders might, indeed, desire in a lawful way, to get control of their own property, but farther than this the Faculty could have but little interest in the old corporation.

They have now begun anew, and must stand entirely on their own merits. And we respectfully suggest that this is a point which all medical professors in this country must, sooner or later, come to. It is the idlest of all work to undertake to establish medical colleges, and put *flat-heads*, or otherwise unpopular men, into them for professors. Students will go where they find the greatest attractions, and get the most information. The gentlemanly professors of the new institution are men who have little to fear in this particular. So far as we know, there is not an Eclectic, or Botanic, or other similar institution in the country, that embraces so great an amount of talent and general attractions as are embodied in the Faculty of that college. Depending upon their own resources, and laboring with great earnestness, assiduity, and zeal, for the benefit of the students under their charge, they can hardly fail of success.

But above all things, they must avoid quarrels among themselves. These have been the bane of Eclecticism in this country. We do not imagine that the affairs of the old Institute, at present solely under the control of Dr. Newton, can long remain in a prosperous condition. An unnatural league between a *wolf* and *hyena* can not, in the nature of things, be of long duration. A warfare which employs for its weapons the pictures of cats and profiles, can never be very effective with the "sober second thought" of an intelligent people. An institution which seeks to crush opposition, and sustain itself by such weapons, must soon pass away. It can only at best sustain itself in a sickly, snarling existence, which, from its very growls, must drive all decent people away. The Faculty of the new college have within themselves all the elements of success. And they need only be true to the cause, and maintain their own dignity, to win favor, rise to eminence, and do great good to the community.—*Worcester Jour. of Medicine.*

THE WARM BATH IN THE TREATMENT OF WOUNDS, ESPECIALLY THOSE MADE IN AMPUTATION.

M. Lagenbeck, of Berlin, has published in the *Deutsche Klinik* for September 15th, 1855, an account of a process by which wounds, especially those made in amputation, can be constantly subjected to the influence of a warm bath. He first examines the modes of application of cold and warm water, and concludes that, in many cases, these are insufficient. He relates the advantages which he has obtained from the use of large warm baths after capital operation, such as disarticulation of the shoulder-joint, excision of the scapula, lithotomy, etc. These baths have been employed from half an hour to an hour once or twice daily, not being contra-indicated by traumatic fever and inflammation of the edges of the wound; at a temperate heat of 97° Fahrenheit, they maintain warmth, diminish fever, heat, and the frequency of the pulse, calm pain, and keep the wound clear. Topical warm baths have often been employed by MM. Langenbeck and Stromeyer, in gunshot wounds of the extremities, with or without injury of the bones, before and during suppuration. Stromeyer first recommended the use of the permanent warm bath after the operation for vesico-vaginal fistula.

The following is a description of the apparatus employed by M. Langenbeck:—

The apparatus intended for the upper extremities consists of two oblong basins, of various sizes; they are placed in a hollow of the mattress near the edge of the bed, so that, as the patient lies on his back, the arm may rest comfortably in them. The reservoir for the leg is triangular; the base is directed upward, and the apex is fixed on a board, and moves on a hinge. By means of a wooden structure, which works into the supporting board, and is fixed at the upper end, the latter can be raised or depressed at convenience. The whole apparatus forms a double inclined plane, on which the leg, bent at an angle of about 120° rests in water. The basin has a cover fastened down, with an opening at the upper part to admit the leg. The opening has a projecting border, on which is fixed one end of a sleeve of vulcanized caoutchouc, the other end embracing the thigh and leg; in this way, the evaporation and cooling of the water are prevented. In the interior of the reservoir, three straps are fixed to hooks, so as to sustain the limb; while two other straps pass over the limb and keep it in position. At the bottom of the bath is a short tube, with a stopcock for removing the water. Two openings, with movable coverings, are made in the cover of the apparatus; one being for introducing water, and the other for receiving the thermometer.

Injuries of the knee and the stump after amputation of the thigh, require the horizontal position, and consequently another form of apparatus. This consists of a square zinc box, from half a yard to a yard in length, fourteen inches wide, and arranged internally in the same manner as the apparatus already described. For stumps, th wall which looks toward the thigh has a large hole with a protectin border, to which, by means of an iron ring, a caoutchouc tube passes and embraces the thigh. For injuries of the knee, the India-rubber tube is first applied to the thigh; then the leg is passed through the openings in the box and the lower caoutchouc tube; the lower border of the tube fixed on the thigh is then fastened by an iron ring, which is brought together by screws, to the projecting rim of the opening in the basin; and the apparatus being thus adjusted, is filled with water.

M. Langenbeck, as a rule, leaves large wounds without dressings. But when they are the result of recent operations, attended with loss of substance, he applies charpie and a bandage to obviate secondary hemorrhage. These applications, however, are removed the next day, without disturbing the limb. In amputations, resections, etc., sutures are employed, an aperture being left at one corner of the wound for the escape of secretions.

In general it is best not to employ the apparatus until the risk of secondary hemorrhage has ceased; for instance, in amputation, not within eighteen or twenty-four hours. In several cases, however, M. Langenbeck has applied the bath immediately after operation, before the patient had recovered from the effects of chloroform. This proceeding has the advantage of not being troubled by dressings, and the pain in the wound is rendered very trifling. If consecutive hemorrhage arise, the limb must be removed from the apparatus.

Great attention must be paid to the caoutchouc bands, so that they may neither compress the limb too tightly, nor allow the escape of water. Notwithstanding these precautions, œdema and gangrene may be produced, even by the slightest constriction, in some cases; especially over such parts as the crest of the tibia, where the bone is immediately under the skin. These inconveniences may possibly be removed by further improvements; but it is well to examine the wounds carefully twice a day, when the water is renewed, and to shift the position of the caoutchouc sleeves, which should be sufficiently long.

The temperature of the water must vary according to the indications, whether it be desired to relieve pain, to prevent consecutive hemorrhage or inflammation, or to favor granulation. Further observations will probably point out the modifications required by the kind of lesion, and by the strength, age, and temperament of the patient. When the apparatus is used immediately after operation, the temperature employed at first is from 50 to 55° Fahrenheit; if the water be not renewed, the temperature rises, in from three to twelve hours, up to 59°, 68°, or 88°. After the first day, this temperature is the most agreeable to the patient; at a later period, when the wound begins to suppurate, water at 93° or 95° is used. In general, the feelings of the patient are the best guide on this point. It is easy to keep the temperature almost constant, by covering the apparatus more or less, and by adding warm or cold water. In summer, at a temperature of from 72° to 77° in the room, the heat of the bath rose, in twelve hours, from 93° to 95° or 100°. On the other hand, in winter, the temperature of the room being 63.5°, the water fell nearly constantly to 86° or 88° in the same period.

In general, it is sufficient to renew the water twice a day. If there be a large wound, or abundant suppuration, the apparatus must be carefully cleaned every day, by drawing off the water, and wiping the walls of the bath with sponges dipped in a chlorinated solution, taking care not to disturb the wound. When, however, the wound is large and not dependent, it is advisable to pass a stream of water into it to remove the secretions.

The advantages of this procedure are thus pointed out by M. Langenbeck: —

1. *Diminution of the Pain following Operation.*—However large the wound may be, pain is not complained of. In two cases, after injuries of the extremities, pain was produced in the sound foot and hand which were placed in the water, probably by distension of the thick epidermis. This pain, however, soon disappeared. When the water is being changed, and the injured part is exposed to the air, a cold sensation is experienced, attended with pain, which is removed as soon as the water is again poured in. If the wound remains exposed for a quarter of an hour, rigors are produced. M. Langenbeck has never seen rigors follow important operations, when the patient has been placed in a bath during anæsthesia.

By the use of the bath, the necessity for bandages, plaster, etc., is removed. The sutures can be removed without disturbing the limb, and cleanliness is maintained. Unfortunately, in amputation of the thigh, the apparatus is likely to produce œdema. This objection, however, may be removed by further improvement.

2. *Diminution of Fever.*—The traumatic fever, and that attending suppuration, lose their intensity. The pulse is usually from 88 to 90; at first it is commonly as high as 120, but sinks as soon as suppuration commences. When the water is removed, the pulsation increases from 10 to 24, and again decreases when the water is added. If there be violent inflammation of the wound, or phlegmon of the cellular tissue, the pulse may rise to 120 or 150, with corresponding general heat. During suppuration, Langenbeck once only observed rigors, indicating the formation of a large purulent deposit.

3. *Removal of the Secretions.*—So long as the water has free access to the wound, the stagnation and decomposition of its secretions are impossible, in proportion to the fluidity of these, and the dependent position of the limb. In deep and sinuous wounds, as after re-section of the knee-joint, injections must be used. Complicated wounds, as those attending fracture of the thigh, with injury of the knee-joint, must be carefully watched; for, even though the surface of the wound be clean, there may be deposits in the subcutaneous cellular tissue, and when the wound is small, or when phlegmonous inflammation has set in. Incisions must then be employed, as in the ordinary treatment.

4. *Promotion of the Healing Process.*—M. Langenbeck has not yet been able to determine how far the use of the bath promotes union by the first intention. In one case, however, of circular amputation of the leg, immediately below the knee, the wound healed by the first intention in the course of the sutures. In an open wound, subjected to the influence of the bath, the layers of coagulated blood, adherent to the wound,

lose their color; the fibrin remains, until, on the third on fourth day, it is removed by the granulations. The surface of the wound, in five or eight hours after operation, assumes a yellowish-gray color, somewhat white, resulting from the decoloration of the superficial parts, and from the layer of exudation, which adheres to the wound. The limb, especially in the vicinity of the wound, swells from the imbibition of water, and regains its natural dimensions on the removal of the water. This absorption must have a beneficial influence in promoting removal of the secretions, and preventing disorders in the capillary circulation. M. Langenbeck has observed inflammation of the edges of the wound, and phlegmonous redness only in cases where purulent deposits were formed, or where the sutures were too tight.

In three or four days, the dead layer is removed in portions by the water, and granulation commences. In a very short time, the deeper parts become filled up, the ends of the bones are covered, and the granulations from the medullary canal unite with the others. In the bath, the granulations attain a development which is not observed with other modes of dressing. Their semi-transparent appearance shows that this depends, in part, on the absorption of the water. When the wound is covered with granulations, cicatrization commences. This is probably somewhat retarded by the bath; hence at this stage M. Langenbeck has recourse to the ordinary dressings.

To ascertain whether wounds heal more rapidly under water than when exposed to air, a large number of comparative experiments would be required; and even then we must remember that the period of healing varies even for the same operation. In three cases of subcutaneous resection of the tibia and fibula, healing took place in five, seven, and twelve weeks; while in two cases of subcutaneous excision of ankylosed elbow-joints, the wounds healed in the water-bath in four weeks. A case of excision of the knee-joint, performed at Kiel, required fourteen weeks; while another case, under the influence of the bath, required only eight weeks. It must be remembered, however, that operation wounds sometimes heal very rapidly under the ordinary treatment. Nevertheless, M. Langenbeck is inclined to believe that the use of the bath promotes cicatrization.

Will the employment of the bath obviate the danger of pyæmia? This question can not yet be decidedly answered; but M. Langenbeck has never seen pyæmia attend this treatment, although it occurred at the same time in other patients under his care. Chilling of the wound, retention and decomposition of the secretions, and miasmata, are the causes of pyæmia. These are obviated by the use of the bath; although the possibility of the occurrence of pyæmia can not be denied.

M. Langenbeck relates several cases in which he has employed the treatment described, viz: —

1. Compound comminuted fracture of the right leg: 2. Osteosarcoma of the right tibia; amputation immediately below the knee: 3. Carcinoma of the foot; amputation by Lisfranc's method: 4 and 5. Ankylosis of the right elbow; subcutaneous resection: 6. Medullary cancer of the patella; removal of the patella, and excision of the ends of the bones:

7. Large fibrous tumor on the outer side of the knee; extirpation; joint opened; extensive gangrene and sanious suppuration. Recovery took place in all the cases except the last.

In the *Deutsche Klinik* for October 13, 1855, Dr. Fock publishes some further observations. The following are the cases in which the use of the bath is indicated: 1. All large wounds of the soft parts, whether it be desired to heal them by the first intention or not. 2. Penetrating wounds of the joints. 3. Compound fractures, as soon as inflammation and suppuration of the skin and cellular tissue set in. 4. Lacerations of the soft parts of the hands and feet, with or without injury of the bones. 5. After lithotomy, urethrotomy, operation for hernia, removal of uterine tumors, extirpation of the ovary. 6. Caries. 7. Whitlow, diffuse phlegmon, and acute suppurative œdema. 8. Gangrene. 9. Burns. 10. Acute and chronic inflammation of the joints. 11. Operations for ankylosis and contracted joints, whether by rupture or osteology. [12. The Cæsarean section?] — *Association Med. Journal.*

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WELL DEVELOPED EGOTISM.—One of the editors of the *Medical Observer* (Cincinnati, O.)—the "Star" of the journal,—is down on one "Paul Caustic, M. D.," who has had the hardihood to show up the "Ohio State Medical Society." In annihilating "Poor Paul," the "Star" editor manifests an amount of egotism that fairly nauseates his readers. He finds it convenient, in the four pages devoted to Paul, to use the pronoun "we" fifty-one times; with a corresponding number of "us" and "our." *We* are inclined to believe, that less egotism, and more argument, would *pester* Paul more than the Star editor has been able to do in his short article.

The "dagger" editor has *deigned* to notice the *Medical World*, and walks into the "Smiths" in true bantam style. He treats their heretical journal to three pages of notice, and to "we" twenty-seven times, only ("Star" indulged in the luxury *fifty-one* times), and, in Mrs. Partington style, asks, "What is the world coming to?" after quoting those *rare* expressions: "*O tempora! O mores!—et O pifices!!!* as Cicero would have added, were he alive.—*Worcester Jour. of Medicine.*

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STARCH AS AN EXTERNAL APPLICATION IN CASES OF SMALLPOX AND OTHER SKIN DISEASES OF AN INFLAMMATORY NATURE.—Dr. THOS. W. BELCHER extols (*Dublin Hospital Gazette*) the efficiency of starch, used externally, in skin diseases generally, and more particularly in smallpox. He relates several cases of smallpox in which he used the starch. This article is made thick, and frequently applied. The entire surface of the body was sponged with tepid water at least once daily, after which the mucilage of starch was immediately laid on. It allays the itching, and completely prevented pitting.

EDITORIAL DEPARTMENT.

THE WINTER AND THE SPRING SESSIONS.

By the time the February number of the College Journal reaches its subscribers, the winter session of The Eclectic College of Medicine will be completed, and the graduates on their way to the field of their future labors and usefulness; and we feel it a duty incumbent on us to bear testimony to the very gentlemanly bearing and studious habits of this, the first class of students who have convened to listen to the faculty as organized under our new charter. The number of students who have attended our lectures has not been as great as have heretofore been addressed by us in the lecture halls of the Eclectic Medical Institute, but it has been more numerous than our friends expected would listen to our instruction under the circumstances in which we were placed by the decision of the Court early in the session.

Many students, on arriving at the city, did not clearly comprehend the exact state of affairs, and found it difficult to understand why those who had proved entirely unworthy of the confidence of each other and the profession, should be allowed to retain possession of the building and property of the Institute, while those to whom they were accustomed to look with confidence as the exponents of true Eclectic Medical Progress, should be excluded from them. Some of these, by a little patient investigation, soon obtained an insight into these affairs, and united with us; while of those who attended our lectures last winter and spring, but very few preferred to go elsewhere.

At the time the final legal decision was rendered against us, the students in attendance upon our lectures held a meeting, in which was displayed no small amount of interest in us and the cause of American Eclecticism, and resolutions were unanimously adopted, encouraging us to proceed with the necessary steps to obtain a legal Charter for The Eclectic College of Medicine, and pledging the hearty sympathy and support of the class. That sympathy and support did not end in mere words, but has wrought itself out in action. Only one single student left us, and he, as we have been informed, gave as his reasons for doing so, the promise of a *gratuitous* attendance elsewhere, and of a diploma at the end of the term, which he could not, with his present medical knowledge, hope to obtain from us. The utmost harmony has prevailed between the different members of the class, and between the class and the faculty, and we are gratified to know that of those who will graduate at the end of the term, quite a number have expressed a determination to return and attend our lectures hereafter.

The prospects for a large class in the spring session, which will commence on the 16th, are very fair indeed.

Several of the present class, who, on leaving home, did not design to remain, only until the end of the present term, have been so well satisfied that they have determined to prolong their stay. Some who were deterred from coming in the autumn by our legal difficulties, have written us that they will be with us in the spring; and already we have quite a number here who have matriculated for the next term of lectures. Hence we feel confident that our spring class will be much larger, in proportion to our winter's class, than have been those heretofore in the city.

EDITORIAL ABSTRACTS.

Antiperiodics—Substitutes for Quinia.—In a paper published in *L'Union Medicale*, MM. Joret and Homolle have presented several substitutes for quinia, among which they mention the following:

Apiol (*Parseley Oil*). This, according to these authors, produces, when given in over-doses, symptoms analogous to those which follow the inordinate administration of quinia. They describe forty-three cases of intermittents treated by it, under the care of M. Lefevre, M. Dupre, M. Dennis, M. Fernet, and M. Amic. Of this number, thirty-seven were cured, and had no relapse; in six the fever was modified, but not entirely removed.

Of thirty other cases treated at Rome, Perpignan, Ajaccio, and Martinique, 16 were cured. The conclusion drawn from various experiments was, if parsley oil is not fully equal to quinia in the treatment of intermittents of hot climates, it may well be employed as a substitute for the more expensive alkaloid, in the treatment of milder cases.

Sulphate of Cinchonia. M. Hudelet has used this salt extensively, and he concludes that it is of value; that the relapses have been neither more nor less numerous than those of the sulphate of quinia. It has acted as quickly as the sulphate of quinia; its action on the spleen is the same; it is preferable, as it costs but half as much. He found a small dose, taken each morning by persons exposed to malarious poison, prove a preservative against its effects.

Olive leaves. These are not a new remedy, but Mr. S. H. Maltass states that in 1843, while ague and fever was raging very severely in the island of Mytelene, the quinia was entirely used up, and as a substitute, a decoction of olive leaves, made by boiling two handfuls in a quart of water down to a pint; and of the decoction he ordered a wine-glassful once in three or four hours, *and with remarkable success.* He informed Mr. Wells that he found it even more effectual than quinia.

Quinidia. Dr. Da Costa gave a tabular statement of fifty-three cases of intermittents treated by quinidia. The chills were arrested in forty-nine cases. Other statements, in favor of the value of quinidia, have already appeared in the pages of the *College Journal.*

Ventilation—its value in Typhus.—Dr. Stromeyer, Physician-in-Chief to the Hanovarian army, has published a pamphlet on the subject of Ventilation in connection with the treatment of disease. "I hope," he says, "to live long enough to see physicians, when called to treat a case of typhus, send first to a carpenter, and then to the apothecary, by which means they may obviate the necessity of requiring the services of the former as often as they now do at the conclusion of their treatment."

Carbonic Acid Gas as a local Anæsthetic.—Dr. Finnel, of New York, presented in April last a *toe nail* which he had removed from a patient without causing pain, by first benumbing the toe by the use of carbonic acid gas. The toe was placed in a large-mouthed glass jar, in which the gas was generated, and prevented from escaping by first filling the space between the toe and the vessel by means of cotton. In fifteen minutes, the nail could be twisted without causing any pain. The neighboring parts of the foot were also benumbed.

Chloroform—How shall we ensure safety in its Administration?—Dr. Black, of St. Bartholemew's Hospital, has published a pamphlet investigating the causes of death from chloroform, in which he draws the conclusion:

"Our attention must be wholly given to the *breathing*, from the observation of which we must not allow ourselves to be diverted for a moment. If the patient breathes easily, he is in safety; if his breathing be attended by frequent coughing, and still more, if it appear to be restrained, with deepening turgesence of the head and face, we have before us the distinct warnings of danger; and unless we give immediate heed to them, they will be speedily realized."

Mr. Syme has published a Clinical Lecture in the *Lancet*, in which he advances similar views. On the respiration becoming difficult, he directs that the mouth should be opened, and the tip of the tongue seized with the artery forceps, and well drawn forward, so as to allow the greatest possible freedom in the respirations.

Progress in Medical Science.—In an Introductory Lecture, at Edinburgh University, Prof. John Hughes Bennet said: "Everything promises that before long, a law of true harmony will be formed out of the discordant materials which surround us; and if *we*, your predecessors, have failed, to *you*, I trust, will belong the honor of building up *a system of medicine* which, for its consistency, simplicity, and truth, may, at the same time, *attract the confidence of the public*, and command the respect of the scientific world."

Vapor of Sal Ammoniac in Chronic Catarrh.—Dr. Gieseler has volatilized sal ammoniac by means of heat, and by the patient sitting so as to inhale the vapor, two or three times a day, obstinate cases of chronic catarrh have been cured in a very few days. In no case did he find the treatment useless.

Oil of Male Fern—Tœnia.—In Guy's Hospital Reports, Dr. W. W. Gall has published a paper containing notes of *fifty* cases of tape-worm treated by the use of the oil of the *Lastrœa Felix Mas.* In about the year 1830, Peschier, of Geneva, proved the value of this plant as an Anthelmentic in several hundred cases. In 1852, Dr. Christison, of Edinburgh, published a paper on its use. In 1853, Dr. Christison gave the results of his experience with this agent in tape-worm in twenty cases, in all of which, with no exception, it led to a discharge of the worm after a single dose.

The experience of Dr. Gall fully confirms the experience of Dr. Christison. In each of the fifty cases, in his own practice, as well as in others under the care of his friends, the remedy proved effectual. The preparation used by Dr. Hall was the *Etherial Tincture of the rhizome*, in doses of from one and a half to two fluid drachms, in a mucilaginous draught. The average time after the administration of the medicine, and the expulsion of the worm, was five and three-fifths hours.

Chlorine—Puerperal Fever.—In the Lying-in-Hospital, at Vienna, there are two divisions, in one of which the patients are attended by midwives, and in the other by the physicians of the hospital, and their pupils.

It was for a long time observed that the mortality from puerperal fever was much greater in the department under the care of physicians than in that under the care of midwives. Sometimes it was four times greater.

Dr. Semmelweis, observing that he and his pupils, after making their frequent post-mortem examinations, retained an odor upon their hands and clothing, notwithstanding their repeated washings, and that this odor did not disappear until after the lapse of a considerable period of time, suspected this might be the source of the puerperal fever, as at the time the idea occurred to him there were no cases of puerperal fever in the midwife's department.

Acting on this idea, he ordered all the students who frequented the division, not to handle dead matter, or, if they did, they should not be allowed to attend a case of child-birth on the same day. He also ordered all the students to wash their hands in chlorine water previous and after every examination of the obstetric patients.

The result of this precaution was, *that the number of cases of puerperal fever immediately fell to the same ratio of those in the division under the care of the midwives.*

Prescriptions.—Dr. Horace Green has presented, through the *Philadelphia Medical Journal,* some selections of prescriptions from American practitioners, a few of which we copy.

For the treatment of cancerous affections, glandular enlargements, and other obstinate diseases of the lymphatic glands, he recommends the *Syrup of the Iodide of Manganese,* as prepared by Mr. Proctor, as far superior to the syrup of the iodide of iron, or the compound syrup of the phosphate of iron, the formula for which we gave in last month's *Journal.*

Mr. Proctor directs as follows:

℞. Manganesii Sulph., ℈xvj,
Potass. Iodidi, ℈xix.

Dissolve the manganese and the iodide of potassium separately, each in three fluid ounces of water, to which add two fluid drachms of syrup. Unite them, and when the resultant crystals of sulphate of potassa are precipitated, then filter the supernatent liquor through a fine muslin into a vessel containing *twelve ounces* of pulverized sugar. Add to this water enough to make *one pint.*

Of this syrup, the dose is from *ten to twenty* drops two or three times a day. It is useful in the treatment of tuberculosis, cancerous affections, scrofula, and glandular enlargement, as of the spleen, in the mesentery and about the neck, the axilla, the groin, etc. It is useful, also, in constitutional syphilis and other cachexias.

An excellent *Cathartic Pill* is made as follows:

℞. Podophyllin, grs. xv,
Zingiberis Pulv., ℥ss,
Ext. Gentianæ, ℥ss,
Ammoniæ, Carb., grs. x.
M. f. Mas. et Pillulas xxx, div.

These are designed, not only to produce a fecal evacuation, but also to cleanse the system from any poison, or deleterious substance, lurking in the lymphatic vessels.

Retained Placenta.—At a meeting of the Cincinnati Medical Society, on November 10, Dr. Wright mentioned a lady who had suffered from uterine hemorrhage for nearly six years, dating from the birth of her last child. Menstruation occurred at regular periods, but the hemorrhage was continuous. The uterus was somewhat prolapsed, the neck dilated—it was somewhat enlarged. Dr. Wright supposed the hemorrhage to be caused either by a polypus, or by a portion of an attached placenta. He said cases are reported where the placenta had been retained until the succeeding pregnancy. He had been called to give testimony in court in connection with Dr. Mussey, in a case where a suit for mal-practice was entered against a physician who had attended a lady in a premature delivery. The placenta was retained, she got up. Three or four months afterward the placenta was expelled.

Dr. Woodward said he recently had a patient, who, during last June, had uterine hemorrhage. Some days since the hemorrhage returned, and a fetus was expelled.

Cases are on record where patients have suffered extremely from undue attempts to remove the placenta after abortions, and it was finally left in the uterus, to be expelled after a long period of time. In the *British and Foreign Medical Review,* for July, 1842, a case is noticed where the placenta was retained *seventy-seven* days after the birth of a premature child.

Burns and Scalds—White Lead and Linseed Oil.—Sometime since the passengers of a steamer suffered from explosion of a steam pipe, and the sufferers were taken to the Commercial Hospital for treatment, where white lead and linseed oil was recommended as an early application.

In the *College Journal* for June, 1856, is an abstract of a case of most intense suffering, of the wife of Dr. W. L. Charliss, of Moorestown, N. J., from having taken the acetate of lead, producing "severe neuralgia in her toes, which extended to the feet, then to the ankles, and in a few days affected the whole of both limbs. This was followed by constipation of the bowels, and the "most severe cholic, such as I pray no human being may ever again endure." This, it is true, was the result of the *internal* use of lead; but Dr. Drake, in the *Western Journal of the Medical and Physical Sciences*, for 1831, says that he had made a trial of the remedy for burns, as advised in the Clinic of the Commercial Hospital, and that it produced "*real saturnine colic*, consisting in obstinate constipation, retraction of the umbilicus, borborigmi, and acute abdominal pain, which came on about four days after the white lead was applied. Would some of our practitioners who are accustomed to prescribe this metal, enjoy the pleasures of the genuine *lead cholic* for a single day, it might tend much to improve their future practice.

Adhesive Iodine Paint—Ophthalmia.—The following prescription is used in the Moorfield's Opthalmic Hospital, London, applied to the eyelids, or adjacent parts:

℞. Spts. Vin. Rect., fʒij,
Spts. Æth. Nitr., fʒiv,
Mastic, ʒss,
Iodine, q. s. Mix.

Strychnia—Camphor.—In February, 1855, Dr. G. W. Arnett, of Pineville, La., was called to treat a case of poisoning by strychnia, which he has reported in the last number of the *Charleston Medical Journal and Review.* The patient had already vomited freely, when the Doctor gave *two fluid ounces of the tincture of camphor.* "In fifteen minutes, the severity of the symptoms began to decline, when a *second dose of the same quantity* was given, with the same well-marked results, and in two hours there were no unfavorable symptoms existing."

"Since treating the above case, I have employed camphor to remove the deleterious action of strychnia, with nearly the same happy effects. The rule which I almost always observe, when prescribing strychnia, is to push the remedy until I notice flashing of the eyes, twitching of the muscles, etc., when, if the symptoms are too severe, I direct camphor to be taken, and I am seldom disappointed in my expectations."

Perchloride of Iron.—Prof. Blackman, in the Clinic of the Commercial Hospital, takes pleasure in recommending the perchloride of iron as a valuable styptic. In the December and the January numbers of his *Western Lancet*, he also commends it. A patient was received at the Hospital with an extensive wound of the larynx. "Severe inflammation followed, and the obstruction arising from the tumefaction of the adjacent parts, rendered, on the seventh day, an opening into the trachea necessary. In dividing the inflamed coverings of the trachea, the parts bled very freely." The House Surgeon followed the cutting with a sponge saturated with a solution of the perchloride of iron, which at once arrested the hemorrhage.

Dr. Dowler reported in the *New Orleans Medical and Surgical Jour.* for September, a case of a troublesome and alarming hemorrhage following the extraction of a tooth. After trying various remedies without success, he saturated some lint with the perchloride of iron and placed it in the socket, when the bleeding ceased.

Chloroform—Hernia.—Dr. J. R. McAffee has reported a case in the *New Orleans Medical News and Hospital Gazette*, in which he relieved strangulated hernia by first giving to his patient thirty drops internally, and then allowing him to pass gradually into the anæsthetic state from inhaling the vapor of the chloroform, while he made steady pressure upon the hernial tumor.

Consolidated Lung—Ammonia and Turpentine.—Dr. Todd, at King's College Hospital, treats his patients who have consolidation of the lung following pneumonia, by giving a draught composed of acetate of Ammonia, with an excess of the aromatic spirits of ammonia, every third hour, and stupes of the oil of turpentine applied every morning and evening, over the back and the side where the lung is consolidated.

This combination of two active solvents for the inflammatory exudation into the substance of the lungs, as the acetic acid and ammonia, combined with the external application of an anti-septic, must commend itself to the good judgment of all educated physicians. Dr. Braithwait says of this mode of treatment, that it is eminently valuable, and one in which Dr. Todd seems to gain greater confidence in each year. Together with this treatment, the patients have wine, and a moderate, but nourishing diet.

Oxide of Zinc—Nervous Disorders.—Dr. W. Marcet, Assistant Physician to Westminster Hospital, has used the oxide of zinc in various nervous affections, as Epilepsy, Chorea, and other convulsive diseases. From his observations, and what he has learned of the experience of others, he has come to the following conclusions:

"1st. That the medicament is useful where giddiness, nervous weakness of sight and hearing, headache, and other symptoms of this kind are prominent; also in epilepsy, in which cases it appears to possess peculiar medicinal properties—in chorea, and for the treatment of nervous debility generally.

"2nd. That the oxide of zinc can be administered without the slightest fear of danger, and that the only inconvenient symptoms it may produce are sickness and constipation.

"3rd. That the dose of this preparation may be gradually increased from fifteen to thirty grains and upward, daily."

Dr. Herpeir, of Geneva, has also commended this salt of zinc, and in the hands of these reporters, about nine out of every ten of the patients to whom it was administered, were either cured or remarkably relieved.

Dr. Hughes has noted the action of this agent in more than two hundred cases of chorea, and he esteems it of more value than any other he has tried. Dr. Barlow prefers a syrup of the iodide of zinc.

Ophthalmia—Colyria.—Mr. Haynes Walton esteems the solution of alum as an astringent of great value. Mr. France uses a decoction of poppies. Mr. Mackmurdo uses a solution of the nitrate of silver, of the strength of one grain to the fluidounce of water. Wharton Jones, and Mr. Guthrie use a much stronger solution. Mr. Critchett, and Mr. Bowman use solutions of the acetate of lead, and the sulphate of zinc, or the wine of opium. Some of the leading surgeons of New York city make frequent use of the sulphate of copper.

Mr. Critchett, at Moorfields, uses the chloride of zinc in cases of vascular and thickened conjunctiva. The strength of the solution is one grain of the chloride to one fluidounce of water.

Liquor Ammoniæ Acetatis—Bright's Disease.—Dr. Addison, at Guy's Hospital, has found the liquor ammoniæ acetatis, on account of its solvent, and diaphoretic properties, the best agent he has used for removing the deposits in the stricture of the kidneys, and the congestion of those organs, in that form of disease known as *Morbus Brightii.* In those cases stimulants to the kidneys must be studiously avoided.

Belladonna—Quinsy.—It is well known that belladonna exerts a specific influence upon the throat and fauces, stimulating the parts to an increased activity. M. Popper states that he has found, in treating more than five hundred cases of quinsy, that small doses of the tincture of belladonna, frequently administered, will produce a cure in twenty-four hours. As he gives no particulars, his report is placed here for future observation and confirmation.

Creosote.—Creosote can be made into pills by the addition of powdered liquorice root. In this form it has been found very beneficial in various diseases of the stomach and skin, especially in those of a cancroid character. It is also of great value to prevent or relieve sea-sickness.

Tincture of Iodine—Bubo.—M. Joliclerk thinks the tincture of iodine the best application for preventing suppuration in bubo, or for dissipating the pus when formed, or facilitating the healing of the ulcer if the bubo be already open.

Gonorrhea.—M. Ricord employs the cubebs in powder, or the copaiba capsules internally, and locally an injection of *ten* grains of sub-nitrate of bismuth in six ounces of water.

BOOK NOTICES.

"*An Inquiry into the Cause and Nature of Nursing Sore Throat.* By M. L. KNAPP, M.D., etc., etc. Philadelphia, 1856."

SOMETIME since we had occasion to notice a monograph by Dr. Knapp *on the Cause, Nature, Cure, and Prevention of Epidemic Cholera,* which was No. 1 of a series of Essays proposed to be published by the author. The work now before us is No. 2 of the series, and from it we learn that No. 3, *on Cholera Infantum,* is ready for the press.

Dr. Knapp is one of those rare men who are not satisfied to rest their faith in regard to matters, on the simple fact that the public mind is fixed. He wishes to *know* and understand for himself, and get at the truth of the matter irrespective of the sanction of *authority,* and hence the more conservative of the profession pronounce him to be visionary and speculative, and are not disposed to entertain the opinions he advances.

But he is laborious and indefatigable, and in order to arrive at correct conclusions he took the precaution, before writing this monograph, to distribute two hundred and fifty circulars to those he considered the leading practitioners in the United States; but he expresses a wonder *we* do not feel, that *three* only made any response.

With the aid of those three papers, and a careful compilation of the articles that have been contributed to the various medical periodicals, and in published works, the author of this monograph has presented a more complete and perfect *resume* of the views of the profession in regard to this subject, than can elsewhere be found.

After a description of the Medical Topography of the State of Illinois, he discards the generally received opinions in regard to *Malaria*, in the production of other forms of disease as well as this, thinking the leading element in the etiology of this disease to be "*defective alimentation, or impaired nutrition*," which produce what he styles a *Scorbutic Diathesis.*

He says: "We are satisfied, therefore, that the *scorbutic diathesis* is the great hidden element of *aggravation*, if not the *ultimate cause* of these epidemic forms of disease also, as well as of billious fever, cholera, and cholera infantum; startling, innovating, or '*alarming*,' as the view may appear, and as it has been expressed to us."

The truth of the idea that *Scorbutis* is the cause of so many and such different manifestations of disease, will not, we opine, immediately obtain in the profession, but whether admitted or not, the researches of Dr. Knapp must prove beneficial to all who give his Essays a careful perusal.

"*Study and Practice of Midwifery.*" By John G. Metcalf, M. D. Read at the Annual Meeting of the Massachusetts Medical Society, May 28, 1856. Published in the Medical Communications.

In looking over this most valuable paper, filled with positive and statistical information, we have been again forcibly impressed with the value of the "*numerical method*" of recording and publishing medical facts, as introduced by Louis of La Pitie.

This publication contains a statistical account of 1,786 cases of midwifery, 1,105 of which occurred in the practice of the author, and 681 were collected from the note-books of his professional friends. They all occurred in the county of Worcester, and within the last thirty years.

The Tables of Dr. Metcalf embrace nearly every item of fact connected with this branch of medical science, and will be of very great value for reference, but as there are more than *fifty* of them, it will not be possible to transfer even an abstract of them to our pages. We shall cull an occasional fact, and then refer the entire article to the favorable attention of our readers.

Flooding after delivery. Dr. Blackburn is quoted as having made use of a strong decoction of the cotton plant to induce uterine contraction, which succeeded after ergot had failed.

Dr. Harris used, in similar cases, a strong decoction of uva ursi.

Induction of Premature Labor was demanded in but two cases, the first on account of great deformity of the pelvis, and in the second, to preserve the life of the child, as, during five preceding pregnancies the child had died in the eighth month.

Toward the close of the seventh month the membranes were ruptured in the latter case, and within twenty-four hours labor occurred and the child was saved. In the former case the operation was not submitted to.

The Forceps were used in four cases, and the child saved in three of them. The short forceps alone were used. *Craniotomy* was resorted to in three instances.

Anæsthesia. "Up to the period of the publication, in 1848, of Dr. Channing's work on 'Etherization in Childbirth,' I had no experience in the use of anæsthetic agents during labor. Soon after the publication of that work I began the use of chloroform, and have been so well pleased with its effects that I recommend its inhalation in almost every case to which I am called. I have now used it in 223 cases, and in every case, if I am called to a succeeding labor, the first question has invariably been, 'Have you brought the chloroform?' In no single instance has any unpleasant consequence followed its use. Patients have been kept under its influence, more or less fully, for from ten minutes to three and four hours."

* * *

"*The Physician's Prescription Book;* containing list of terms, phrases, contractions, and abbreviations, with explanatory notes; also the Grammatical construction of Prescriptions, etc., etc. To which is added a Key, containing the prescriptions in an unabbreviated form, with a literal translation. Intended for the use of Medical and Pharmaceutical Students. By Jonathan Pereira, M. D., etc. Second American, from the twelfth London Edition. Lindsay and Blackistone, 1857."

The above title-page clearly and truthfully indicates the character and objects of this excellent hand-book, which has now been before the medical public for thirty-two years, and continues to increase in popularity with its increase of years.

We think it would be well for *physicians*, as well as students, to obtain the work and carefully study its pages. We doubt not such a course would tend much to improve the mode in which prescriptions are written, as well as the manner in which pharmaceutical terms are pronounced, even with some who are Professors in Medical Colleges. For the benefit of such as may require a *rule* of pronunciation, which they can readily retain in mind, we transcribe from Walker the following lines:

> "Each monosyllable has stress of course:
> Words of two syllables, the first enforce:
> A syllable that's long, the last but one,
> Must have the accent upon that, or none.
> But if this syllable be short, the stress
> Must on the last syllable but two its force express."

"*An Introductory Lecture to the Class of the Ohio College of Dental Surgery. Session of* 1856–7. By C. B. Chapman, A. M., M. D."

This is one of those Introductory Lectures which appear to have been delivered, not for the purpose of *puffing* the Institute to which the authors are attached, or of making them an indirect *Advertisement*, for those who deliver them, but it was written and read for the purpose of imparting information to the class. It contains a *brief notice of some institutions designed for instruction in Science* in different periods of historic record. We are pleased to observe, that has also been published in a more preservable form, in the pages of the *Dental Register of the West.*

"*Chemical and Pharmaceutical Manipulations.* A manual of the Mechanical and Chemico-Mechanical Operations of the Labratory. For the use of Chemists, Druggists, Manufacturers, Teachers, and Students. Second and enlarged Edition. By Campbell Morfit, Professor of Analytical and Applied Chemistry in the University of Maryland, and Clarence Morfit, Assistant Melter and Refiner in the United States Assay Office. With five hundred and thirty-seven Illustrations. Philadelphia: Lindsay & Blakistone. 1857."

The first edition of this work by Prof. Morfit attracted more attention from the theoretical chemist than from the pharmaceutist or student, with whom it never was as popular as its strictly scientific character would have entitled it to be, but that those who were engaged in the study and practice of pharmacy, seemed always to feel that the author was not as intimately acquainted with the *practical* application of his scientific instructions as they desired. Hence it never succeeded in taking the place of Proctor's edition of Redwood's translation of

Francis Morh's "Manual of Pharmaceutical Technology," and it may be doubted if the more recent "Introduction to Pharmacy," by Dr. Parrish, noticed at page 117 of first volume of the *College Journal*, will prove less acceptable than this. Whatever may be the decision of the profession, it can not be denied that Prof. Morfit has presented us with a work of a strictly scientific character, and one which must prove useful and instructive to all who may peruse it.

Without attempting to make an analysis of the work, or to present our readers with a detailed account of it, we, perhaps, can not do those who may be actively engaged in preparing medicines, a greater favor than by giving it such a commendation as shall induce them to purchase and peruse it. This, and the Manual by Mohr, and the later work by Dr. Parrish, should be found side by side with the United States Dispensatory, and the American Eclectic Dispensatory, in the library, convenient for immediate reference in every apothecary's establishment in the land.

"*Consumption.* By Dr. W. W. Hall. Redfield, Publisher, 1857."

We have received from the author a work with the above title, which we consider worthy more than a mere passing notice.

It was written evidently with the purpose of addressing the *people*, rather than the profession, and hence belongs, like Draper's Physiology, to that class of publications of which the Old Fogies have, or affect to have, a most special horror. We have, however, no fear of harm ever coming from disseminating truth among the people, and hail with joy all works that are truly calculated to enlighten the minds of the people, and prevent or remove sickness and suffering.

This work may not convey any new ideas to the thoroughly educated physician, and yet we are certain there are many practitioners who would be benefited by its perusal; while those who are not medically educated must obtain many valuable ideas from this book. The concluding chapter might well find a place in any of our popular periodicals as an excellent treatise on the hygienics of the respiratory apparatus.

Hand-Book of Inorganic Chemistry; for the use of Students. By William Gregory, M. D., F. R. S. E., etc. Fourth American from the *Third* English Edition. To which is added the Physics of Chemistry, by J. Milton Sanders, M. D., etc. New York: A. S. Barnes & Co. 1857. Pp. 426.

Hand-Book of Organic Chemistry; for the use of Students. By William Gregory, M, D., etc. Fourth American from the Fourth London Edition. Edited by J. Milton Sanders, M. D., etc. New York: A. S. Barnes & Co, 1857. Pp. 480.

We insert the following notice of these two works, taken from the

American Journal of Pharmacy, that our readers may know something of these two books, which have been extensively advertised in this region, but have been studiously kept from the hands of the editors of the *College Journal.* We are also willing to place in the hands of our readers the opinions of others in regard to these books, and the attempt to foist upon medical men, and medical students, as new books those which have long been in market, and which, when formerly offered for sale, fell still-born and unburied on the shelves of the booksellers.

We shall probably again refer to these books, and hence, for the present, we simply quote from the above-named journal.

"Four years ago we had occasion to notice the first American edition of the above works of Dr. Gregory, then published jointly under the title of 'Outlines of Chemistry for Students.' Since then, it would appear from the above title pages, two other editions have been published, neither of which we have met with. Being aware of the change of the name of the work from 'Outlines' to 'Handbook,' and of the issue of the Organic and Inorganic portions in separate parts, we were not a little gratified on receiving the volumes in their new form, and promised ourselves a more deliberate examination of the Organic part than a brief glimpse of the English edition had enabled us to obtain. The result of this examination we will now present. Of the 426 pages of the inorganic chemistry, 191 pages are devoted to a compilation of the 'physics of chemistry' by the American editor, who deemed the omission of any notice of *light*, *heat* and *electricity* in the English work as a defect in reference to its use as a text book here. Of this addition nearly one-half is devoted to the general properties and photographic relations of light, in which the practical details of photography are entered upon with considerable minuteness. Of the remainder, one-third is devoted to heat, and two-thirds to electricity and magnetism, with a chapter on 'Physiological Electricity,' or its application in the cure of disease; a rather novel subject for the pages of a handbook of chemistry, although sufficiently important to the physiologist and pathologist to merit a place in works on their several branches.

"It is not in reference to this preliminary matter by Dr. Sanders that we feel called upon to make exception, especially as we have not had time to examine it critically; for assuming it to be carefully compiled, it must add to the value of the work to those students who have not studied those subjects separately; *but we do feel it our duty to enter a protest against the remainder of the volume as a mere reprint from the stereotype plates of the first edition*, with a few changes in foot-notes, and a few pages on the manufacture of aluminum (taken from the Pharmaceutical Journal) in the Inorganic portion; while a supplement embracing the more bulky additions to the fourth English edition of the Organic part, without any reference to them in the text, constitutes the revision of the Organic volume! *It was with surprise that we found the Editor, in view of the numerous additions and alterations made by Dr. Gregory, had lent his aid in sending out so imperfect a volume, calculated* *as it is to give a wrong impression of the valuable treaties of which it professes to be a reproduction, whilst in reality its text is nine years old.* It is but a small matter that the leading additions are to be found in the supplement—they there stand disconnected from the text, which often contradicts them, and no marginal notes refer the reader to the discoveries and modifications of theory which may be there found. On carefully comparing the 'Handbook of Organic Chemistry' with the fourth English edition, page for page, we find so many omissions from the former that it will be impossible in the space at command to enumerate them. The more prominent, such as the view of homologous series of organic compounds, the account of the series of artificial organic bases, methyl and ethyl radicals, and their amide bases and compounds with the metals of which methylamin and bismethyl are types, chloroform, the new benzole compounds, and several others, are contained in the appendix, without any notes to point the student to what part of the text they belong; whilst a large number of important paragraphs throwing new light on subjects, or modifying old opinions, are not noticed in any way by the Editor. Of such we may instance the anhydrides of the organic acids; Dr. Playfair's nitroprussides; Pasteur's observations in reference to the action of heat on the cinchona alkalies and on tartaric acid; the relation of asparagin to malic acid as malamide, and the relations of these to succinic acid; the later views relative to tannic acid; Gerhardt's views of the action of heat on kinic acid; new observations on the carbo-hydrogen essential oils, and especially on oil of turpentine; on the oxygenated essential oils and on the sulphuretted oils; the recent results of Anderson and Greville Williams on the artificial organic bases; the new methylic and ethylic compounds of nicotia and conia of Kerule and Planta; the very important and interesting discoveries relative to the cinchona alkalies, including quinidia, cinchonidia, Pasteur's derivative alkaloids, quinicin and cinchonicin, Herapath's iodoquinia, and the methyl and ethyl compounds of these bases, which are artificial alkaloids analagous to ammonia; the analagous bases from morphia and codeia; and various new facts relative to the saccharine bodies. Our space will not allow of a further enumeration of these omissions, but the above will give some idea of the shortcomings of the Editor in reference to the new matter of the fourth edition. It is a cause of deep regret that the best work on organic chemistry in the English language should in this manner be deprived of much of its value to the American student, *merely to subserve the interest of the publisher in the use of the stereotype plates of the old edition;* and it is equally a source of regret that so valuable a treatise should not have fallen into hands better fitted to the task, who would have refused to edit the work under such unfavorable auspices."

The editor of the *Journal of Pharmacy*, next quotes from Dr. Gregory's Hand-Book, several important matters, which are excluded from this pretended new edition, but which our limited space forbids their inserting.

PERIODICALS.

The California State Medical Journal, John F. Morse, M. D., Editor and Proprietor.—The second number, for October, of this Quarterly, has been added to our list of exchanges, and a more welcome visitor has never claimed acquaintance with our pet of a monthly. If the talented editor will send No. 1, it shall be carefully preserved until the volume is completed, and then substantially bound for perusal and re-perusal.

To show the spirit which pervades the profession in the new State on the shores of the Pacific, the following is quoted from the leading article from the pen of Dr. F. P. Wierzbicke:

"Lord Bacon's opinion, notwithstanding the lapse of time, has not lost its justness. 'Medicine,' says he, 'is a science which hath been more professed than labored, and yet more labored than advanced; the labor having been rather in a circle than in progression.'

"And now, after the picture of the state of medicine we have made above, to what inferences must we come? Shall we be disheartened, and sit solemnly communing with despair, hoping for no ray of light in the midst of this chaotic darkness? No, certainly not. Let us buckle on the armor of patience and perseverance, and let us labor on, and light will come as soon as a creative hand shall touch the confused elements. The different theories and sects in medicine that had their day, and passed, or those that at this time divide the opinion of professional men and of an intelligent public, have succeeded in proportion to the truth of the dogmas contained; for never an error starts in pursuit of popularity, except it be draped in the cloak of truth, or something that resembles it.

"They all contain more or less truth, and it is the office of the philosophic physician to discern it. Homeopathy, Hydropathy, Chrono-thermal system, and Allopathy, apparently so contradictory to each other, yet they all teach a partial truth, which, to be intelligible, must not be expressed in their respective jargon, but in the language of nature, that is always consistent and in harmony with itself.

"There is a law that underlies all those systems, and which is the measure of their success; but that law has not yet been expressed in a general manner, so that the facts collected by opposing parties should range themselves accordingly in spite even of their patrons. But the time is approaching, perhaps even before many years elapse, when that law will be spoken out, *and the system of medicine that will be built up will be neither Homeopathic, Chrono-thermal, nor Allopathic, but a truly* Physiological system of Medicine."

With such a spirit as is manifested in the above, pervading the profession and its journal, great hopes may be entertained of the progress of medicine in California.

The Western Lancet, a monthly journal of practical medicine. With the January number of this, our neighbor, we hope a new era has commenced. Many persons pass through scenes, and perform acts during their infancy and childhood, which in their maturer years they would gladly forget, and would that the public also should no longer remember. Such may be the case with medical periodicals. The years of manhood have arrived with the *Lancet*, and from present indications, under the guidance of its new editor and proprietor, the *Lancet* will put off childish things and pursue such a scientific and honorable course as shall command the respect of all its acquaintances.

The American Journal of Insanity is one of our most valuable publications. Its January issue contains matter of vast interest to the profession and to humanity. The subject of insanity, and its pathological, therapeutical, and legal relations, are not as thoroughly understood by physicians as they should be.

MISCELLANY.

THE FORM OF THE INCISIONS ADOPTED TO FACILITATE THE EXTRACTION OF FOREIGN BODIES BURIED IN THE TISSUES.

AMONG the minor surgical operations that have not been sufficiently described, is the one for the removal of needles, and other small bodies which have forced deeply into the tissues. Bits of glass, and fragments of needles are frequently buried in the palmar and plantar fasciæ; and a search for them through a straight incision is accompanied with perplexity, and often results in failure. To facilitate the speedy extraction of such bodies we are accustomed to make two incisions—both beginning at the same point, and diverging to the extent of half an inch, or more, taking care that the triangular space between the incisions covers the body sought. The flap included is next to be dissected up; and if the body is known, or suspected to lie below the superficial fascia, the flap should include the skin and fascia. The muscles, and other tissues beneath, may now be explored with ease, and the body removed by the assistance of forceps. We have repeatedly followed this plan, and never failed in readily accomplishing our object—and in some cases where unsuccessful attempts had been made through a straight incision. The incisions should be commenced at a point distant to the center of circulation, that the flap may be the better supplied with blood through vessels entering its base. The dressing consists in turning the flap down to its place, and securing it with adhesive plaster. A union will result as quickly as that following a straight incision.

WORCESTER MEDICAL INSTITUTION.

THE Trustees of the Worcester Medical Institution contemplate erecting a College Building during the present year. They have in the Treasurer's hands nearly funds enough to carry out their designs. Until a suitable building can be erected the Medical Lectures of the Institution will be delivered in Chapman Hall, Boston. Their Lecture Term will commence on the first Thursday in March. The advertisement of the Institution may be found on the cover of this Journal.

PHILADELPHIA CORRESPONDENCE, NO. IV.

[THE following letter having reached us too late for insertion among the *Original Communications*, has been inserted here rather than permit it to be delayed until the issue of the *Journal* for March.]

PHILADELPHIA, January, 1857.

DEAR JOURNAL: — Your Correspondent devoted the usual leisure afforded by the holidays to visiting Fairmount Water Works, Girard College, the Navy Yard, Academy of Natural Sciences, and various other places of note, some of the more interesting of which he may hereafter take occasion to describe. The Schuylkill froze just in time for the holidays, and the juvenile million were not slow to profit by the event. I know of no more beautiful sight than that presented by this river, as seen at such a time from Fairmount Hill, its shining bosom extending as far as eye can reach, and covered by thousands of skaters of every age and station.

In my last I proposed giving a hasty sketch, drawn from personal observation, of some of those medical luminaries, distinguished as authors, teachers, and practitioners, of which Philadelphia boasts so goodly a number. As the faculty of the Jefferson College, taken *en masse*, probably holds a higher position in point of celebrity, if not of actual talent, than that of any other medical institution here, it may not, perhaps, be amiss to commence with the names of those gentlemen composing it.

Prof. Dunglison, the Dean, is a native of Scotland, a gentleman of finished attainments and indefatigable industry. He is apparently about sixty years of age, with a short, thick set figure, and a massive head covered with hair of a venerable whiteness, and enjoys that rubicund complexion, projecting abdomen, and thoroughly English *embonpoint*, so suggestive of good feeding and the gout. He lectures without notes, possesses a powerful voice, with strongly marked accent; and his discourses, though fluent, logical, and instructive, sometimes embody minutiæ rather irrelevant to the point at issue, and not unfrequently border upon the tedious. He is an accomplished book-wright, and his numerous compilations are so widely and favorably known, that any allusions to them here would be superfluous. When we regard the voluminous character of his works, the circumstance that a man of such unquestionable talent could have written to that extent without having added one single fact to the records of scientific inquiry, seems almost inexplicable; yet his labors have not been in vain, and the profession, more particularly the unfledged portion of it, owes him a debt of gratitude not to be lightly estimated. He is very popular with the class, and is said, by those who know him best, to have his eccentricities.

Prof. Joseph Pancoast, or "Old Pan," as he is familiarly termed by his pupils, fills with signal ability the chair of Anatomy. He is of Quaker origin, a native of New Jersey, and known to the profession at large, as one of the best of living anatomists, and a bold, successful surgeon; while his claims to distinction as an author speak for themselves through the pages of his "Wistar" and "Operative Surgery."

Some three weeks since he performed the operation of ligating the external iliac artery, with every prospect of a favorable result. He is a large, well-formed, portly man, with a ruddy and moderately full face, aquiline nose, large dark eyes, and hair once black, but now slightly tinged with gray.

As a lecturer, he is not remarkable for his accuracy of expression; his style is rambling, and he is apt to misname the parts he is discussing, while an unmistakeable lisp interferes materially with the distinctness of his articulation.

Prominent among the originals of this, or any other city, stands Prof. C. D. Meigs, who has occupied for the last sixteen years the obstetrical chair, and whose fame as an author and teacher has long since gone abroad. To describe him is well nigh impossible, but to have heard or seen him once is to remember him forever. He is a man far advanced in years, of medium size, and good figure, with a shrewdly, benevolent expression of countenance, whose effect is heightened by the glasses he habitually wears.

His style of delivery is alternately quiet and spasmodic, setting at defiance all elocutionary precedents, and as varied in its minor details as the manifold contortions to which he subjects his face and figure while speaking. His lectures are distinguished by boldness, humor, startling originality, and woful lack of system. You listen to his discourse as you would to any other entertainment, and depart with a pleasant suspicion of having laughed yourself into fast possession of sundry abstruse facts, which no one else has succeeded in making clear to you, and which are likely to prove highly serviceable on the day of final examination. His method of impressing important facts upon the minds of his hearers, is pre-eminently waggish and original, and he is beyond doubt the most popular member of the faculty.

Among the earliest graduates of the Jefferson College was Prof. S. D. Gross, who, after a residence in the West of nearly twenty years, during the greater portion of which time he formed one of the main pillars of the Louisville school, has returned with well-merited distinction to assume the chair of Surgery in that Institution in whose halls he first heard the teachings of those mighty minds who have since passed away in all save remembrance, and from whose hands he received more than a quarter of a century ago, that degree which has since gained a luster from association with his name.

Though his duties as a Professor here have commenced but with the present session, his urbanity, dignity, and sterling ability as a lecturer and operator, have already won for him in a high degree, the respect and confidence of the class. He is a man rather past the meridian of life, with a tall, spare, and slightly-stooping figure, and a mild, but expressive countenance. His style of speaking is easy and deliberate. He has a deep, full voice, with a faint trace of the German accent. His illustrations are apt, his demonstrations clear, and his *toute ensemble* as a lecturer dignified and impressive in the extreme.

Dr. Mitchell, who occupies the chair of Practice, is a gentleman whose genial disposition and fine social qualities have made for him hosts of friends. Though far from being a fluent or finished speaker, his lectures are practical, instructive, and eminently orthodox. With more of the *fortiter in re* than he possesses, he might have contributed his quota to the advancement of medical science, and given demonstrative evidence of a talent with which the world does not credit him.

Dr. Franklin Bache, the Professor of Chemistry, is a grandson of Benjamin Franklin, and has, in no small degree, inherited the intellectual power of his illustrious ancestor and namesake. As a lecturer, he is dry and tedious, and by no means popular. He shares the common failing of great men in his inability to adapt his explanations to the comprehension of his class, and most truly conveys the impression of one who knows more than he is capable of imparting. As the joint author with Dr. Wood, of the United States Dispensatory, he is widely and favorably known, wherever medical science has reared its standard, and in that inestimable volume has achieved a reputation for himself, and a benefit to the profession, which posterity will not willingly forget.

Dr. Huston, Professor of Materia Medica and Therapeutics, is the oldest member of the faculty. He is an estimable man, an excellent physician, and is held in high esteem by the profession of the city, though possessing but little talent as a lecturer.

The infirmities of age are pressing heavily upon him, and it is now definitely understood that the present session will be his last. If rumor speaks truly, he is likely to be succeeded by Prof. Davis, now holding the chair of Materia Medica at the University of Virginia.

I have thus endeavored to give you a bird's eye view of the faculty of Jefferson College, and in my next hope to take up the names of some of the more distinguished men connected with the other medical institutions of the city.

Lippincott & Co. are issuing a new medical journal, under the editorial charge of Drs. Gross and Richardson; it is a combination of the *Philadelphia Medical Examiner* and the *Louisville Review*, and is issued bimonthly in a volume of one hundred and sixty pages. The first number made its appearance a few days ago.

Of a verity Philadelphia is the elysium of lecturers. Literary and scientific stars of the first magnitude may be heard here on any week day evening. Prominent among the societies which encourage this species of instruction is the People's Literary Institute at Musical Fund Hall, now in its second course of ten weekly lectures, two of which have been already delivered. Among the names of speakers engaged are those of Emerson, Park Benjamin, Beecher, and Curtis. Ralph Waldo Emerson delivered the introductory discourse, his theme being "The Conduct of Life." He was followed by Park Benjamin, who lectured on "The Religion and remarkable superstitions of the N. A. Indians."

Emerson is a man apparently of middle age, in personal appearance tall, gaunt, and unprepossessing, with a long, but not prominent nose, sharp features, light hair, and large, dark, expressive eyes. He speaks, or rather reads, from the manuscript before him, slowly, deliberately, and without gesticulation, never at a loss for a word, or uttering a superfluous syllable. His pauses between sentences are distinct and well-marked, and his style of speaking is so calm and imperturbable that he might be almost considered monotonous, but for a meaning in every sentence so terse and vigorous that we forget the faults of the orator, and are lost in the theme his genius glorifies.

Perhaps no lecturer in America permits the expression of his opinions to be less swerved or biased by the pre-supposed views or prejudices of his audience. He is bold, caustic, original, and independent, alike directing the fire of his sarcasm at the views of the vulgar, and projecting his granite truths among the silk-encased shins and gouty toes of the gentle aristocracy.

Of Mr. Benjamin it is, perhaps, needless to speak. As a poet and lecturer, he has been long and favorably known to the American public. He is rather past the meridian of life, has a noble and expressive countenance, and his delivery is graceful aud polished. His theme was handled with the address of a master and the enthusiasm of a poet.

I shall endeavor in my next to report whatever of interest may occur in the interim, and in meantime subscribe myself yours, etc.

SIGMA.

BLOOD-LETTING IN CHILDHOOD.

"BLOOD-LETTING, which is so highly recommended by authors, in diseases of children, is in fact ignored in practice. The phlebotomy of an infant is practically as rare an operation as that for tying the carotid; and while this holds true, *we can see but little harm in the instructions of authors to the contrary.*"

Such is the opinion published by Dr. Hunt, of Buffalo, in regard to this operation, and also in regard to the influence authors and teachers have upon the practice of the profession. If it be true that the professors in our colleges, the editors of and writers for our journals, and the authors of our books, fail to guide the practice of the active physician, it must be evident that there is something wrong in their teachings and writings; for, did their instructions accord with experience, it most certainly would be remembered and acted upon; while, even if it be false and erroneous, it must make more or less impression upon the minds of those to whom it is addressed; and if they do not act upon the instructions they receive, they may well doubt if the profession has anything better to offer in the place of these stale and exploded notions; or they may even doubt if, after all, there is nothing occult which a little more experience, such as they have a right to suppose their instructors have enjoyed, would not convince them that their would-be leaders are in the right after all.

For these, and other reasons it is well to examine into the real experience of the profession on this subject, and, if possible, learn what should, and what should not be taught.

We observe children losing blood from the nose more frequently than adults are liable to the same accident; and we find also, that they are liable to meet with accidents which induce hemorrhage; and yet we have no evidence that this loss of blood is more liable to produce syncope in the child than in the adult. We do, however, find that the experience of the entire profession proves that this state of syncope is much more liable to prove fatal to the infant, than to the person who has arrived at the age of maturity; and even when the child does recover, it is much more slowly, and with far greater liability to a relapse. That it may be seen that this is the experience of the profession, it will do no harm to quote from some of our writers.

Dr. Marshall Hall, in his work on the "Morbid and Curative Effects of the Loss of Blood," says:—"In infancy the state of syncope" (from this cause) "is a state of danger."

Dr. Armstrong says:—"Children do not recruit from very large bleedings like adults;" and hence he says:—"Do not bleed to actual syncope in children, as they are apt to fall into convulsions, of which they may die." Dr. Ryan bears similar testimony, which he presents in the following strong and impressive language:—"The abstraction of blood," he remarks in his Manual of Midwifery, "in cases of infants and children, until fainting occurs, *is the worst practice that can be imagined*, as convulsions and death may be produced."

Dr. Beck says:—"Carried to the point of syncope, blood-letting is one of the most direct, speedy, and profound sedatives that we have in our possession. In a few moments it reduces the subject from a state of perfect health, or the high excitement of disease, to the state of temporary death." "It is obvious that the system of the child can not sustain so well as the adult, a shock so sudden and so powerful as this." Evanson and Maunsel say, that children do not readily recover from syncope induced by loss of blood.

It is well known that among the various causes that produce *convulsions*, exhaustion is the most common. This fact is far more frequently manifested in childhood than in those of adult age, doubtless from the fact that in infancy and childhood the nervous system is much more impressible than in after life. Hence also *coma*, as well as convulsions, are more liable to follow, as the result of accidental hemorrhage or leeching, or venesection in the child than in the adult. Coma may be produced in children from almost any debilitating cause, and nothing is more directly, or more powerfully debilitating than the loss of what has so aptly been termed the vital fluid.

As the nerves of the child are more impressible, from debilitating causes, than those of persons fully matured, so also are all the different organs of the system, and hence the *assimulative organs* quickly manifest a loss of power, under the influence of a loss of blood, and as the assimulative organs are weakened, the system of the child does not readily recover from the influence of blood letting. Hence Dr. Clark says of children: "They ill bear a repetition of bleeding; their powers sink under it, and by no art can they be replaced." Hall, and Evanson, and Maunsel, and Beck, also bear similar testimony.

Even the loss of blood by *leeching*, has proved dangerous and destructive to children—more so than to adults. One reason for this is doubtless the fact that the amount of blood in the system of an infant, as compared with that of a fully developed person, is very small, and hence the amount abstracted by a leech, or a number of leeches, must be comparatively much greater; and another, in addition to those already presented, is the greater vascularity of the skin of the child, and the consequent difficulty sometimes experienced in stopping the bleeding from leech-bites in children.

Many who, like Dr. Hunt, might *teach* venesection in childhood, but would not practice it, will, for very trivial difficulties, unhesitatingly order the application of leeches, and will, perhaps, deny that any dangerous or fatal consequences can result from their use.

But there are many cases recorded of death from loss of blood, following the application of leeches to small children, and the recurrence of these cases are so very frequent in the annals of the profession, that the attention of both practitioner and teacher should be drawn to them.

Dr. Pereira says: "In two cases of infants I have seen exhaustion with insufficient reaction, consequent on hemorrhage after a leech-bite, terminate fatally." Dr. Christison also reported his personal knowledge of two similar cases. Dr. Ryan says that the loss of blood from the bite of a single leech has produced death.

Leeches have been by most considered more safe, with children, than venesection; but it may be doubted if this opinion is correct. Should the contrary prove the fact, then none can doubt the dangers attending the frequent resort to them.

As has been shown, the action of the loss of blood from leeches differs much in childhood from what we observe in adults. The vascularity of the skin, and the tendency to syncope and coma are such, that the depletion from the bite of a leech is seldom local in infants, but the manifestations are usually as *general* as if a vein had been opened.

Leeches are not always applied under the eye of the physician, while the lancet usually is; hence the physician can not observe the effects of the loss of blood upon the patient; neither can he always foretell, with any degree of accuracy, the amount of blood that will be abstracted by a leech. Although he may direct definitely the point at which the leech should be applied, his directions may not be accurately understood and carried out, for the leech may crawl away and fasten itself upon some other point. For these, and other reasons, more blood may be withdrawn than was anticipated, and fatal symptoms may be produced almost before they are noticed.

Sir Astley Cooper was obliged to divide an *artery* that had been opened by a leech before he could put a stop to the hemorrhage from it, and it must be obvious that other similar accidents are likely to occur.

With regard to the abstraction of blood by the lancet, and with leeches, in childhood and infancy, as well as in regard to the teachings of those who advocate this mode of treatment, I am sorry that *I* can not console myself by entertaining the conviction of the infrequency of the former, and the harmlessness of the latter, which has been expressed by Dr. Hunt, as already quoted. I fear that the views advanced by Dr. Beck, which I here quote, are too nearly accurate to allow the matter to rest.

Dr. Beck said: "With regard to the use of blood-letting generally, in this country, there can be no doubt that the authority of Dr. Rush has exerted an influence the most deleterious. That it should have done so is not surprising. Living at a time when medicine was yet in its infancy among us, at the head of the oldest and most influential of our medical schools, and attracting by his enthusiasm and his eloquence, a large proportion of the students of the country, his sway, for a series of years was unlimited, and his *sanguinary precepts, and his still more sanguinary practice*, were speedily diffused from one end of the country to the other."

Dr. Rush, in his "Defence of Blood-letting," said: "It belongs to this remedy, to save pain, to relieve convulsions, to compose the mind, to protract the use of reason, *to induce sleep, and thus to smoothe the passage out of life,*" and this power of blood-letting doubtless has been manifested in many in many instances, and *the passage out of life* has been smoothed for many more children, through the use of the lancet and the leech, than Dr. Hunt and his blood-letting brethren are aware of. C.

POISONING BY STRYCHNIA—RHEUMATISM.

From a recent letter from Prof. L. C. Dolly we extract the following:

"The first case, which was published in the secular papers from Maine to California, was that of Dr. R., who, immediately after a hearty breakfast, turned some water into a bottle in which he had kept a solution of strychnia, and unwittingly drank it down, supposing that he would get about the ordinary dose. Directly after, while visiting a patient a few squares from his office, he was suddenly and alarmingly reminded of his rashness, by the sudden jerks, or spasms, which seized him about the muscles of the face, neck, arms, etc. He called for and swallowed a cup of coffee, and drove rapidly to my office. He related briefly what he had done, was assisted in, and very soon, so severe were the spasms, that his jaws were firmly clenched, and his hands and arms became rigid; when he attempted to swallow, his heels were thrown violently against the floor, and his head backward, producing marked opisthotonos. So violent were these convulsive movements that it soon became necessary to remove him from the large rocking chair in which he was first placed, to a recumbent posture. My remedies were, first, large doses of sweet oil and camphor.

About two hours had elapsed from the time of swallowing the solution until he reached my office. I was not then aware that it was taken on a full stomach, and thinking the quantity of strychnia he swallowed was small, and in that time mostly absorbed, I did not resort to emetics, as I afterward regretted.

The spasmodic action continuing severe, I followed the oil and camphor with large doses of gelseminum. Doses of fʒjss were repeated at intervals of about half an hour. After about an hour had passed under these measures, the spasmodic action seemed to abate slightly; but it was not until after three or four hours that he was able to swallow with any considerable freedom. About four o'clock, as he still complained of constriction about his throat and chest, I administered fʒj of chloroform. All of the effects of the strychnia seemed to leave him at once, and he expressed himself as entirely relieved. I remembered having read in the *Memphis Medical Recorder* the report of a case in which the editor used the chloroform internally as an antidote, with highly satisfactory results.

The other case was that of Mr. M., a policeman, who has since been under my care. He had furnished himself with strychnia for the purpose of poisoning dogs. It was put up in four-grain packages. After laying some of these packages by in his clock, he was attacked with dysentery, procured some medicine, and when better laid what remained of the same in his clock also.

The looseness of his bowels returning after a few days, he went to the clock, and through mistake obtained and swallowed one of his four-grain doses of strychnia. Discovering his mistake, he immediately ran to a physician's office, only three doors distant, and called for an emetic. Sulph. zinci, and other emetic agents were swallowed, without, however, producing any considerable vomiting. Messengers were sent for other physicians. Dr. Bly arrived early with chloroform, at which time Mr. M. lay in severe opisthotonos, his arched body resting on his head and heels. The chloroform was applied to his nostrils and mouth, and after inhaling it a few moments his system became relaxed. Little else was done through the whole day but to keep him under the influence of chloroform by inhalation. It was found that whenever its effects were allowed to pass off the spasms returned. It is evident that he was saved wholly by the chloroform; for but little, if any of the strychnia was removed by the efforts to vomit him.

After he had been about for some eight weeks he was attacked with what I call rheumatic gout. His feet and ankles swelled to an enormous size, accompanied with a high grade of inflammatory action. His family had suffered severely from rheumatic affections, one member of which became one of the worst crippled victims of the disease that we ever see.

After Mr. M. had been under the care of Dr. B. (of Parisian finish), for five or six weeks, and had about concluded that he must remain on his back all winter, I was called to take charge of his case. The symptoms, he told me, had not been even palliated the least. His nurses were directed to so arrange sheet zinc, or oil-cloth beneath his feet and legs as to carry water, when poured upon them, into a tub at the foot of his bed, and then to pour upon them, for two or three hours, twice a day, *hot* water made slightly alkaline with salæratus. He was put upon tinc. colchicum and small doses of podophyllin and macrotine for the first few days; and after free catharsis was obtained, the podophyllin and macrotine was mostly withheld, diaphoretic powders, containing each one-eighth of a grain of morphia, were also administered three times a day. The relief he received from the hot pouring was very prompt and marked, and the inflammatory action gradually subsided. After twelve or fourteen days I directed the tinc. pinus pendulæ comp., with the addition of gum guaiac. The result of the whole treatment has been highly gratifying, for he very soon began to use his limbs, and as soon as strength returned was able again to be about the city.

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MARRIED:

In Winston county, Mississippi, by the Rev. Wm. Head, John T. Suttle, M. D., to Miss Mattie L., youngest daughter of John M. and Rosannah Pettigrew.

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ARE THE MERCURIALS ANTI-SYPHILITICS?

BY PROF. CLEAVELAND.

THE syphilitic virus, although we do not know either its physical, chemical or microscopical characters—from the fact that it readily mixes with and diffuses itself through the fluids and solids of the body—possesses certain properties, and is endowed with certain characteristics, so that we feel assured that it has a nature and an action on the human economy unlike any other known morbid product.

For the external appearances following the introduction of this virus into the system, and the constitutional symptoms that it produces, the reader is referred to the various works on this branch of surgery. It will suffice here to call his attention to the points of similarity between what follows the introduction of the syphilitic and the small-pox virus.

When syphilitic poison has been absorbed through the cuticular or mucous covering, a small pimple is at first developed, on the apex of which a pustule is formed. On the rupture of the cuticle or the epithelium which contains the pus, a small ulcer is brought into view, which as the sore progresses, appears shallow, more or less circular or oval in form, bounded by a perpendicular and slightly jagged border, and furnished with a smooth yellowish base moistened by an ichorous secretion. The tissues immediately surrounding this sore are somewhat inflamed and slightly thickened. This is the *local* manifestation of the syphilitic poison which is constantly being reproduced and multiplied by the conversion of other matters into itself, the same as small-pox virus is multiplied by the conversion of other elements of the blood into itself, in accordance with the well-known law of the animal poisons, that once being introduced into the system, they excite in its structure an action which has for its object the production of a poison identical with itself, and this process goes on if not prevented, until the system becomes saturated or overcharged with the morbific material.

Unlike the virus of the specific contagious fevers, this does not appear to act upon one or a few elements in the blood and by changing them to itself thus protect the system from future contagions, but it appears to act upon *all* the structures of the system, and hence it is that it is with so much difficulty removed. If not manifested by any outward sign it may still be present in the body, for at a very distant period after its inception, it may become suddenly developed either in the skin as a cutaneous eruption; in a nerve as a nerve glandule, accompanied with the most intense pain; in a bone, producing destructive inflammation of the osseous tissue; in the periosteum, leading to nodes or caries; in the structure of the gland; in the cartilage of the nose; the soft structure of the throat, or in any of the organs of the body. Even should the individual entirely escape its manifestation, it may appear sooner or later in his offspring, and it is the opinion of shrewd and accurate observers that although for a long time latent, it may appear after the lapse of several generations.

The fact of the transmission of the poison from parent to offspring is perhaps as well established as any other pathological fact; and not unfrequently does the fetus appear to act as a *conductor* for transmitting the virus from the father through itself to the mother. On the other hand not unfrequently does all the virus that was previously lodged in the system of the mother appear to be accumulated in the fetus, and while the mother ever after enjoys an immunity from the disease, the child is utterly destroyed.

It is true that the syphilitic poison becomes changed in the lapse of time, and hence we find all modern writers acknowledging the difference between recent, and chronic, or Primary, and Secondary syphilis; and hence also the difficulty of deciding in some instances whether certain morbid manifestations are of Syphilitic origin or otherwise. Ricord has very clearly indicated these changes, and shown how the poison becomes altered in time and sinks deeper and deeper into the tissues, producing very decided organic changes.

What was syphilis in the parent and located about the organs of reproduction, may be changed in the glandular system of the skin or mesentery of the child appearing in the guise of scrofula, or it may affect the lungs assuming the form of consumption.

The inflammation, or rather the general fever, sometimes known as the syphilitic fever, which sets in after the virus has been so multiplied as to effect the whole system, disturbing its functions, deranging the nerves, the vascular and the digestive apparatus, but more particularly the skin and the mucous surfaces, is another proof that the poison is no longer confined to one locality.

When the syphilitic virus is still confined to the original locality, none having been absorbed by the lymphatics, it is found that either alkalies or acids have the power of decomposing it and destroying its poisonous quality, and hence the most of the acids, and the caustic alkalies and salts have been applied to the chancre with success, so far as to cure syphilis while still confined to the chancre.

Prof. King some years since selected the muriated tincture of iron as the agent he most frequently used as local applications to the chancre, and his practice has since been adopted by many practitioners. Nitric or muriatic or nitro-muriatic acids, nitrate of silver, acid nitrate of mercury, potassa fusa, chloride of zinc, and many other chemical solvents have been applied with success as destroyers of the local virus, but when the poison has become absorbed into the system and lodged in the structure organs and tissues, it has been found extremely difficult to eradicate. On account of this difficulty a great variety of agents have been tried, many of which have been highly lauded by some writers only to be as strongly condemned by others. Some have had a great reputation for a few years, and in a short time have fallen into entire disrepute. At the present time nearly all the Quacks and Charlatans (and unfortunately for humanity and science the most who treat these diseases as a speciality deserve to be named thus) depend almost entirely on some preparation of mercury, although many of them like the advertising Cancer Doctors, are accustomed to disguise the mineral and allege that their medicines are *purely vegetable.*

But among those in Europe and in America who have given the Therapeutics of syphilis the most thought and attention, there seems to be a strong and growing conviction, in many instances amounting to a positive and decided conclusion, that the mercurials are not only not the *best* anti-syphilitics now known to the profession, but that in many instances they are entirely powerless as curative agents, and in many more are more hurtful to the patient than the poison which they are used to remove.

If we confined our researches after anti-syphilitics simply to the writings and teachings of some of the American physicians, we might be led to suppose that nothing but mercury can cure syphilis—that mercury would always do that, and that it never does harm to the patient; but those who have had ample experience in this matter have almost uniformly arrived at the opposite conclusion.

Hunter, whose "Treatise on Venereal Diseases" was published in London in 1788, came to the conclusion that while mercury was useful in certain forms of syphilitic disease, there were others in which it was of no benefit, and that both these classes could be cured without the metal. Similar opinions were published by Dr. Adams, in his "Observations on Morbid Poisons," published in 1807; and by Mr. Richard Carmichael, who published in Dublin, in 1814, an "Essay on Venereal Diseases, etc." In 1809, Francis Joseph de Besnard, Doctor Medical Inspector General of the Military Hospital of Bavaria, published his advice, founded on experience, against the use of mercury in venereal affections, in which he points out the favor with which the non-mercurial mode of treatment had been received by the King of Bavaria.

But it was Mr. G. Fergusson, who was a surgeon in the British army in Portugal, who first strongly called the attention of the profession in England to the injurious and useless practice of administering mercury for the cure of syphilis. His writings will amply repay perusal. Soon after him, Drs. T. Rose, Guthrie, J. Thompson, J. Bartho, and J. Hennen, of Great Britain, promulgated the same doctrines. In Germany, L. Kroger, Hill, and several other eminent writers declared themselves convinced of the truthfulness of those opinions, while in France, MM. Charmeil of Metzy, and Richond of Strasbourg, demonstrated that all syphilitic disorders, whether primary or secondary, could be cured without the use of mercurials.

L. J. Begin, a Therapeutist of note who wrote thirty years since says: "It is now certain that mercurial preparations, far from being always successful against irritations of the genitals, even in their mildest form, frequently exasperate them and occasion considerable mischief. Nay more: in many constitutions mercury itself *produces* irritations more obstinate and dangerous than those against which it is administered. In a word, this metal, under whatever shape it is administered against primary inflammations or ulcerations does not safely and constantly prevent secondary and sympathetic irritations of remote parts. In this respect the adversaries of the mercurial treatment have the advantage in their favor, inasmuch as they cure their patients with *less danger*, and with equal chances against relapses.

The whole question rests on the demonstration of the fact just mentioned. No one denies the possibility of curing urethritis, ulcerations of the penis, intumescence of the inguinal ganglia, periostitis, pharyngitis, ophthalmia, and cutaneous eruptions by severe regimen, diet, bleeding, baths, and derivatives. Many among the most exclusive admirers of mercury acknowledge that it is injurious during the first period, which is the period of inflammation in syphilis; but they maintain that without mercury relapses and consecutive accidents are more frequent. Facts and calculations will resolve this difficulty which is altogether practical. Mr. Ferguson found syphilis treated without mercury in Portugal, where primitive chancres were generally cured by local means, and by a few sudorifies taken internally. He employed the same means among the British troops, and with equal success.

Mr. Rose has observed secondary symptoms in about one-third of the patients treated without mercury; but those symptoms were so light as to have escaped the notice of ordinary skillful men, and they disappeared under the treatment already employed against the primary affection.

In the Medico-Chirurgical Transactions for 1817, I find the record of results as obtained by a number of physicians in curing several hundreds of patients without the use of mercury, and their statistics show a far less percentage of secondary cases than in those where mercury had been used. In a work published in Edinburg in 1817, entitled "Observations on the Treatment of Syphilitic Diseases without Mercury," Drs. Murray, Evans, and Brown, state that they have seen secondary syphilis occur only in one case out of ten that were treated without mercury or on general principles. Guthrie collected cases at the Chelsea Hospital at York strongly in favor of the anti-mercurial treatment. These may again be referred to. Dr. Thompson, of Edinburg, when at the head of a large hospital there, cured primitive syphilis by simple rest, antiphlogistics, the recumbent posture, and the local applications of the mildest character, with more rapidity and certainty than when mercury was administered. When *no* reported anti-syphilitic was used there was no affection of the bones following; while, unfortunately, no such immunity was enjoyed by those who had taken mercurials. It is true there were a few instances of cutaneous affections, and of swelling and ulcerations of the pharynx, but these difficulties also yielded to the same simple anti-phlogistic means.

Bartlett and Hennen report having obtained similar results in their practice; and their and others' reports led to a systematic trial of the non-mercurial treatment with carefully noted statistical results. On the second of April, 1819, a circular signed by J. McGrigor and W.

Francklin, was addressed to all the physicians of the British army, in which they state that out of 1,940 patients treated for primary ulcerations of the penis, ninety-six have had various kinds of secondary symptoms; among these twelve only were submittted to mercurial treatment. These as well as the rest were all perfectly cured.

These and similar results attracted the attention of the entire European profession, and M. Desruelles, of France, wrote a work entitled, "On the Treatment of Venereal Diseases without Mercury," which was edited by the venerable and able editor of the American Journal of Medical Sciences, Dr. Isaac Hays, of Philadelphia, a gentleman known to the entire profession for the profundity and accuracy of his knowledge and observations. In his preface, which is quoted entire in Jones and Morrow's practice, he says:

"The following translation of the memoir of M. Desruelles, on the treatment of venereal diseases without mercury, having been placed in my hands for revision, I have appended to it some valuable observations on the same subject by Mr. Guthrie, and various documents exhibiting the results of the different methods of treating syphilis in Great Britain, France, Germany, and America.

When it was announced by Mr. Fergusson that the venereal disease was cured in Portugal without mercury, the assertion was immediately hazarded that it must be owing to the complaint existing in that country in a milder form than in other parts of the world. The falsity of this assertion, however, was soon made manifest by the successful treatment of many cases of the disease in Great Britian and France without the use of a particle of the vaunted sole specific."

Dr. Hays then proceeds to examine the testimony in favor of the curability of syphilis without mercury, and after he has fully established that point beyond cavil, and from the testimony of the ablest European writers, proceeds to discuss the *eligibility* of the practice. He says:

"To determine this point it is necessary to ascertain first by which mode of treatment the disease is *most readily* cured; second, which mode of cure is the *most permanent;* and thirdly and lastly, which mode is pleasantest and does the least injury to the patient.

1. *Duration of Treatment.* In the official report of Sir James McGrigor and Mr. W. Francklin (in which those writers take occasion to "assure that the following summary of the conclusions on the question of syphilis and its treatment may be considered as an *unprejudiced* statement drawn up from the answers *alone* of the regimental surgeons of the British army to queries transmitted by us to them in December, 1818,") "it is stated that the average period required for the cure of

primary symptoms *without* mercury, where buboes did not exist, was twenty one days, and *with* mercury, thirty-three days.

"That the average period of cure of primary symptoms with buboe was forty-five days when treated without mercury, and fifty days when treated with mercury.

"That the average period of cure of secondary symptoms without mercury was from twenty-eight to forty-five days, and with mercury fifty days.

"When it is recollected that these results are derived from the observation of nearly five thousand cases they must be admitted to afford a pretty fair means of comparison, and to possess a high degree of value.

M. Desruelles, from an experience in one thousand three hundred and twelve cases, states that the mean duration of treatment of primitive and secondary symptoms without mercury was thirty-two days, and with mercury fifty days.

"It appears from the report of M. Richond, who observed nearly three thousand patients, that of those treated without mercury for the primitive symptoms, ninety-two per cent. were cured in thirty days, while of those treated with mercury, only twenty-eight per cent. were cured in that period; and of those treated for buboes without mercury, sixty per cent. were cured in thirty days, while of those treated with mercury, only twenty-seven per cent were well in that time.

"Dr. Fricke states that in his hospital the average period of cure for primary and secondary affections, treated without mercury, was fifty days, while it was double that time in those treated with mercury.

"It thus appears from the most authentic documents, founded on experience in a sufficient number of cases, and in different countries, that the cure is effected in a shorter period of time by the non-mercurial than by the mercurial practice.

"2. *Permanency of the cure.* In those treated *without mercury* by the surgeons of the British army, it is stated by Sir James McGrigor that the secondary symptoms occurred in not quite *five* per cent. Richond states them to have occured in two and a half per cent. Fricke had no case of secondary affection. In Sweden, secondary symptoms occurred in seven and a half and seven per cent.; in America they occurred in two per cent.—making an average of four per cent.

"In those treated *with mercury*, it appears from the report of Sir James McGrigor, that secondary symptoms occured in nearly two per cent.; in those treated by M. Richond they occurred in five and a half per cent. Of those cured in the Swedish hospitals, secondary symptoms occurred in fourteen and twenty two per cent.; and in those treated by Dr. Harris they occurred in upward of ten per cent. If it be said that the cases treated by fumigations with cinnabar should not be taken into this account, the number of secondary cases would even then be eight per cent., or double those occurring after treatment without mercury.

"Thus secondary symptoms are shown to occur *more frequently* after the cure of primary symptoms *with mercury* than when cured by anti-phlogistics."

After discussing the third proposition, or as to which method of treatment is the pleasantest and does *least injury* to the patient, showing that of nearly two thousand cases reported by the British army surgeons, every one who had been cured *without mercury* was fit for immediate duty on leaving the hospital; and presenting a slight hint at the terrible consequences not unfrequently found to follow the use of mercury, Dr. Hays makes use of the following language:

"For ourselves, in ten years practice, we have never put a patient through a mercurial course for any form of venereal affection, and for the last six years we have not used a particle of mercury in the treatment of this disease, and have never had reason to believe that our patients were less speedily or effectually cured than those treated with mercury; of those treated by us for primitive symptoms in Philadelphia and Southern dispensaries, and in private practice, we know of but two cases of secondary symptoms."

The author of the work, in the preface of which Dr. Hays recorded the opinions and conclusions above expressed, was one of the most eminent surgeons of his time in France. He had been educated to place great reliance on mercury as an anti-syphilitic, and although as early as 1819, when Barron Larry, Bonaparte's favorite surgeon, committed to his care the hospital of the Royal Guard, he "perceived that simple dressings, and in most cases attention to cleanliness might advantageously be substituted for unguents, powders, and irritating lotions—that cautious use of anti-phlogistics accelerated the cure of the venereal symptoms;" yet several years elapsed before he could rid himself of his teachings and suppose it possible to cure syphilis without the use of mercurial preparations. After trying simple constitutional treatment in many cases for a number of years, he "determined to administer mercury to the patients as soon as from the influence of the simple treatment, the symptoms began to wear a favorable aspect; but I found the cure not only *retarded* but *more difficult to accomplish*, as there was always some new symptom appearing to impede it. On account of these new observations I resolved to make comparative experiments on *every symptom* individually. I devoted the year 1826 to these experiments, and finally, being convinced that mercury was unnecessary when the simple and anti-phlogistic treatment had been rigidly pursued, I abandoned its use altogether, and since the first of January, 1827, up to the present day, I have not administered one single atom of mercury, whether my patients were laboring under the primitive or secondary symptoms of syphilis. For more than a year I have sought, without prejudice, for a *single case where mercury could be substituted for anti-phlogistics, but not one has presented itself.*"

M. Desruelles for years had charge of the hospital at Val-de-Grace, and his success in curing syphilis without mercury, led the members of the Military Council of Health of the camps and armies of the king, to request the health officers of the various hospitals to adopt the non-mercurial method as pursued by Desruelles at Val-de-Grace.

The author above quoted says: — "Successful trials of the simple method have been made in England, Portugal, Bavaria, Sweden, Germany, North America, Hamburgh, and particularly in the hospitals of Metz and Strasbourgh. The English, Bavarian, and Swedish governments have encouraged the zeal of those men who have devoted themselves to this new therapeutic study. The heads of the military medical departments of these kingdoms have admitted its efficacy, and even Kings, in special ordinances have given to such physicians as propagated the non-mercurial treatment, tokens of their royal favor."

Devergie adopted the non-mercurial treatment in his clinic. Dr. Gallie of Brest, stated that he had successfully employed it in Brest Hospital for twenty-five years. Professor Chansier spoke highly of it in comparison with the use of mercury, and his opinion was founded on ample experience. Dr. Ribes recommended it. Drs. Gamma and Broassais both commended it, as well as Damiron, Fleury, and Begin, who not only saw its efficacy under the care of Desreulles, but applied it personally to patients at Val-de-Grace Hospital.

Ricord, whose testimony has great weight with the entire profession, although he does not denounce the use of mercury as absolutely *prejudicial in all cases*, certainly uses strong expressions which if applied to any other reputed anti-syphilitic, would suffice for its condemnation. He says:—

"I can confidently assert that except in a very few cases, the so common employment of mercurial preparations either as dressings or internally is most hurtful in phagadenic chancres. It is by no means uncommon to see these ulcers when approaching the period of reparation, relapse under the influence of mercury into their former state, and chancres which were at first limited and regular, become phagadenic simply from the employment of mercury." Again he says:—"It is true that in most cases of these affections, mercury, sudorifics, etc., are more prejudicial than useful."

In the Medico-Chirurgical Review for September 1820, there is a review of the second edition of Hennen's Principles of Military Surgery, which speaks of Dr. Hennen from his official situation and his access to authentic documents, as being well qualified to write on syphilis; and it quotes from him, the writer of the review remarking:—"Our own experience in the non-mercurial treatment of syphilis having been very limited, we shall endeavor chiefly to exhibit a full analytical view of our able author's paper, leaving it to our readers to judge and act for themselves after weighing the evidence here adduced."

Dr. Hennen quotes from the Medical Repository for 1799, Dr. Mitchell of New York, as saying: "that a great number of venereal ulcers were cured in the hospitals of that city by the local application of potash or the salt of tartar, from which fact Dr. Mitchell drew the very natural conclusion that neither nitrous acid nor mercury produced any *specific* effect upon the ulcers."

Dr. Hennen after examining the subject with great care, comes to the conclusion that primary sores upon the genitals, of whatever description they may be, can be cured without the use of mercury; and he has also come to a similar conclusion in regard to the secondary symptoms, but he had not quite concluded it would be best to abstain from mercury altogether in *all* cases. In regard to this matter he says:—"The facts at present ascertained are these:—Secondary symptoms occur more frequently and appear at an earlier and more determinate period than when mercury had been used, but they, in many cases go off as soon; never, as has been supposed, proceeding from bad to worse, or from one succession of parts to another in unabated violence; on the contrary they by no means exhibit the same violent and unrelenting symptoms which we have observed in many instances where mercury has been used; the symptoms have not run into ulceration nor have the bones of the nose or of other parts been in any instance affected with caries. I can not take upon me to assert these events *will not* occasionally take place, but in the numerous cases which I have watched with the utmost anxiety, I can aver that they *have not.*"

Dr. Hennen then published a series of tables embracing the returns of venereal diseases treated without mercury, in the military hospitals of Scotland, of which he was Deputy Inspector. The returns are for the period of time between June 20th 1817 and December 20th 1819.

Of 407 cases of primary affection 321 had ulcers only, and 86 had been troubled with buboes. Of those having what were termed the true Hunterian chancres, 135 in number, the duration of the treatment averaged was 27 days.

Those with non-Hunterian chancres, in number amounting to 200 and treated without mercury, the treatment averaged 26 days. In both these classes of cases a majority were cured in less than 20 days.

Other tables show the duration of the non-mercurial treatment of buboes ending in resolution and of buboes ending in suppuration, but these tables were not quite perfect as the time of treatment was not specified in some of the returns. After inserting the circular of Sir. J. McGrigor and W. Francklin before referred to, Dr. Hennen replied to the remarks made by Dr. Hamilton the younger, who was then as ardent an advocate of the mercurial treatment as any one of more modern times. Dr. Hennen also stated from good authority that the non-mercurial treatment had been adopted by some of the Naval surgeons with success greater even than had attended its use by the army surgeons.

In Graefe and Walther's Journal for 1828, is an article on the non-mercurial mode of treating syphilis, in which the writer after referring to Dr. Fricke, says:—"The results obtained by this mode of practice are highly satisfactory. Chancres and buboes are speedily cured and and the cicatrices are by no means so evident as when mercury has been employed."

Although Mr. Fergusson was perhaps the first British surgeon who strongly advocated the feasibility of curing syphilis without a resort to mercury, it is probable that Mr. Rose, surgeon to the Coldstream Guards, was the first to test the idea fully on British soil.

For a year and three quarters as recorded in the 8th volume of the Medico-Chirurgical Transactions, he treated at the regimental hospital in London all cases of venereal diseases occuring in the soldiers of the Coldstream regiment of guards without mercury. He stated that he had "certainly succeeded in curing all the ulcers of the parts of generation, which I have met with in that period, with the constitutional symptoms to which they give rise, without mercury." Mr. Rose treated more than 120 cases in this way, and no unfavorable results followed the practice. Mr. Guthrie's paper also published in the same volume of transactions speaks in the same tone. He had then treated nearly an hundred cases of primary sores without mercury, and said he considered it an established fact that "every kind of ulcer of the genitals of whatever form or appearance, is curable without mercury."

Dr. Green of Bristol, in referring to these papers said that for seven years he had treated nearly all the cases of venereal that came before him without mercury. He said:—"I have kept an account of 100 cases of venereal diseases treated by myself without a particle mercury." Dr. Green denied that mercury has any power whatever over the syphilitic poison.

About twenty years since, and nearly simultaneously, John Hunter, A. Colles and M. Deverge, were again brought to the notice of the profession by the publication of new editions of their works. Dr. Colles was a strong advocate of the exclusive mercurial treatment of syphilis, and M. Devergie nearly as strongly opposed to its use. Dr. Colles acknowledged that the profession were getting to lack faith in his vaunted specific, and hence he rushed to the rescue. In a review of these books the editor of the Medico-Chirurgical Review, when speaking of the numerical facts obtained previously by Rose, Fergison, Guthrie, Francklin, McGrigor and others, says:—"It would be saying no more than the truth to observe that the result took the profession by surprise, and that numerical data, apparently unobjectionable, seemed to establish in a decisive manner the superiority of the non-mercurial over the mercurial method."

M. Devergie give a synoptical historical account of the progress of the non-mercurial treatment in France, from which we gather that Chaussier had scarcely any confidence in its use, that in 1811 Geradot taught that syphilis should be cured by a dietary system, that Baron Larrey "produced a change in its administration greatly lessening the amount used." M. Pihorel has since adopted Baron Larrey's method of treatment. In 1811, and 1812, Caron, M. Jourdan, M. Kerauden and Broussais published works on syphilis and against the use of mercury in its treatment. In 1824, M. Lefevre published a work against the abuse of mercurials, and M. Dubled also published a work on the same disease. In 1826 Dr. Richmond published a work on the subject, containing the tables of the first treatment of syphilis without mercury at the military hospital at Strasbourgh, and the same year M. Devergie published the first part of the "Clinique of syphilis." In 1827 was published the report of the College Sanitaire of Sweden, upon the advantages of the treatment without mercury, and about the same time the Council of Health, as already detailed, induced the heads of the military hospitals to make trial of the simple constitutional treatment. In 1828 and 1829 M. Desreulles published the report of his cases at Val-de-Grace. In 1830 M. Devergie published in the 15th, 16th, and 17th parts of his "Clinique" the tables of MM. Rapalit and Desreulles of Rennes, who in 1827–28–29, treated 1410 patients by the simple treatment.

M. Willaume of Mentz, and M. Puel of Marseilles published articles in favor of the non-mercurial treatment, and so also about the same time did Dr. Delaton of Lille, Desjardins of Havre, and Becquart of Bayonne. In 1828, Delpech of Montpelier, who had formerly been a strong advocate of the mercurial treatment of syphilis but who had come to modify his opinions and treatment, published that in his experience ninety or ninety five per cent. of Gonorrheas and chancres would be cured by the efforts of nature alone.

The reports of Drs. Gunther and Fricke at the Hamburgh Hospital in 1828 were in accordance with many other reports of a similar nature in England, namely, that the treatment of syphilitic diseases was not only more easy without than with mercury; but that fewer cases of secondary symptoms occurred.

"At the present moment when this is written" said Fricke in Feb. 1828, "and after a lapse of a year and a half since the non-mercurial plan of cure began, and after *one thousand* patients have been subjected to it, the result has been so fortunate that we have no reason for abandoning it or of recurring to the old practice."

About the year 1830 Dr. Trail of Liverpool published an account of his visit to the hospital in Hamburg where a vast amount of syphilis occurred. He said:—"Every form of syphilis is treated without mercury. Among all the prostitutes I did not perceive a single case of ill-conditioned chancre or of corroding ulcer, and even simple buboes were not very numerous. Of secondary syphilis with the exception of a few cutaneous eruptions and ulcerated throats, there were fewer traces than I ever saw among so many patients laboring under this disease."

In Rennes the advantages of the single method of. cure were so manifest that in 1827–28–29 there were 1187 persons treated for syphilis without mercury, and 318 only with mercury; and during eighteen months in 1830–31, 1876 were cured by the simple method, while mercury was given only to 48. Of those that had secondary symptoms, it was found that the average duration of treatment without mercury was thirty-five days, and the average duration of treatment of those who took mercury was eighty-one days.

At Val-de-Grace after 1825 and before the publication of his work, MM. Devergie and Desreulles noted results quite as much in favor of this mode of treatment as those before recorded; and Barthelmy at the military hospital of *la Madison-Blanche* in Paris in 1833, treated more than 700 cases, employing mercury only in a few cases of secondary affections. Kaisser at the military hospital of Strasbourgh reported his similar treatment during three years and he also had equally good success.

So also had M. Fleschutt of Algiers, who was surgeon-major of the hospital of the Dey. After giving both methods a fair trial he discontinued the use of mercury, and three years' trial of the non-mercurial mode led him to speak in strong terms in its favor.

In 1831 and 1832, MM. Ruft and Pailloux, of Chambereari, published documents proving the injurious results of mercury, and the success obtained without it. Out of 512 patients, 339 were cured by the simple method, the mean duration of time required being thirty-two days, while the remainder who were treated with mercury required a mean duration of forty-seven days to affect a cure.

M. Devergie speaks of the English surgeons who had discarded the use of mercury, giving proper credit to Thompson, Turner, Brown, Evans, Hennen, Guthrie, and Sir Astley Cooper.

In consideration of these facts the Medico-Chirurgical Review for October, 1837, says:

"So far as numerical comparisons go, the non-mercurial would appear to be superior to the mercurial mode of treatment. If anything is clear, this seems to be so. As this is an age in which a reverence for antiquity and a dislike of change are by no means prevalent faults, we might suppose that the mercurial treatment is pretty generally given up, and that the best informed surgeons have verified by their individual experience, results so decisive and so irrefragible as those established by the documents to which we have alluded."

Some years before this the same eminent periodical remarked: "We apprehend that the blind confidence in specifics is rapidly diminishing, and certainly the treatment of syphilis by its supposed specific, mercury, is one of the most difficult problems in experimental medicine. *The belief in its specific properties has been a damper on rational investigation*, and mercury has been blindly administered under circumstances the most opposite, and conditions the most unfavorable."

In 1840 Mr. Herbert Mayo published his "Treatise on Syphilis," in which is the following:

"The arguments in support of the non-mercurial practice and against the use of mercury are, that a mercurial course is a serious inconvenience to any one, and that to many constitutions it is most injurious; that every primary sore may be healed without mercury; that the most serious form of leus, ulcerations cutaneous, namely, is not capable of prevention by a mercurial course; that the other secondary symptoms are, in a majority of cases, of non-mercurial treatment, extremely mild; that they supervene earlier and are generally sooner over when a course of mercury has not been used for the primary complaint; that the secondary symptoms which occur where mercury has not been used, are in no case more severe than many in which the mercurial treatment has been followed; that mercury does not prevent, but only lessons the frequency of constitutional leus, its direct action apparently being to put off the invasion of leus so long that in a certain proportion of cases the impression of taint wears out before it has given rise to secondary symptoms."

Many other eminent practitioners have expressed similar opinions as the result of their observation and experience. Prof. Dunglison says:

"From the statistical inquiries of various excellent observers (Fricke, Devergie, Rafz, Rapatel, Desruelles, Judd, and others), it would appear that of about 80,000 cases of syphilis subjected to experiment, the proportion of relapses, or of secondary affection where the primary affection had been treated without mercury was, at the least estimate, reduced to ten, and at the highest, to twenty in the hundred, and the results obtained in this country have been at least as favorable."

Dr. Graves, in a lecture published in the Medical Gazette for January, 1839, said:

"With regard to the certainty of cure, as far as the mercurial treatment is concerned, we may say, with many of our unprejudiced colleagues, that we are convinced by bitter experience, that syphilis very often returned in the secondary form after the most careful selection of the preparation, the strictest attention to diet, and a proper observation of precautionary measures."

Mr. Carmichael, of Dublin, published some lectures in the Dublin Medical Press, in which he said:

"Various reports have been from time to time published both from civil and military surgeons, which would induce us to believe that mercury has *not* the power attributed to it (except in the true Hunterian chancre), of preventing the accession of secondary symptoms; thus Dr. Green, in his excellent paper on the treatment of syphilis without mercury, inserted in the second volume of the transactions of the Provincial Medical and Surgical Association, states that out of 100 cases treated without mercury, constitutional affections followed in nine instances only, and that these were very mild. He therefore thinks its use in primary symptoms should be given up altogether, at least until there appears some indications for its employment.

Dr. Green thinks "that it is absurd and false to consider mercury a specific for syphilis." He thinks "the belief in its specific agency is only worthy a place in the manual of some Turkish Doctor, or the hoarded secrets of some copper colored Indian." He denies that the mercury has any power whatever over the syphilitic poison itself; a theory, he observes, unsupported by facts which has never yet been proved and never will be.

In an epitome of the views of modern authors on the treatment of syphilis, published in the British and Foreign Medical Review, it is said, "In the phagadenic forms of primary syphilis, Mr. Carmichael believes mercury in all stages and forms of the affection *a most deceitful and dangerous remedy.*" Again, the writer says: "The writers before us are divided as to the propriety of the mercurial treatment in phagadenic primary syphilis, Mr. Carmichael agreeing with the French school in rejecting the remedy as *dangerous and deceptive in every variety of the disease.* Sir G. Ballingall, after an experience of many years, informs us in his recent work, that he quite accords with Carmichael. Mr. Key, in his report of the primary syphilitic cases occuring at Guy's hospital, states that in the constitutional treatment of these sores, *mercury is wholly inadmissible.*"

Mr. Carmichael also expressed precisely the same opinion in 1845, as recorded in the Dublin Medical Press.

In the monthly Journal of Medical Science for February, 1847, Dr. P. S. K. Newbigging, senior physician of the New-Town Dispensary, at Edinburgh, reported upward of 600 cases of venereal diseases which he had treated without mercury. In closing his paper he gives the following as his conclusions:

"We are, I think, justified in drawing the following conclusions from these statements: 1, That the venereal disease is curable without the employment of mercury. 2d, That the duration of treatment is shorter than when mercury is used. And 3d, That the cases of secondary symptoms supervening after the simple method, are less frequent and not so serious in their nature as under the mercurial system."

The London Lancet for March, 1848, has an account of the method of treating syphilis by M. Sisovics, chief surgeon to the General Hospital of Vienna, who reports having, during the preceding six years, treated 800 cases of syphilis without mercury, and he was much pleased with his success.

According to the testimony of Brown, Hornemann, Lery, Leblond, and others, in Fez, in Numidia, in Lybia, and in St. Domingo, the use of mercury in this disease was discarded.

Tomitanus, Frascatories, Doninicus Leo, Van Sweeten, and Van Berlenghieri, and others, have also left a record of their faith in the non-mercurial mode of treating syphilis.

Among the more modern writers and teachers, many have entirely discarded the notion that the mercurials are possessed of any anti-syphilitic power.

In the Association Medical Journal for 1856, Mr. F. C. Skey, published as follows: "Let me say a few words now on mercury. I do not think mercury is an antidote of syphilis. * * That mercury, as laid down by John Hunter, is the remedy for all venereal sores, I do not at all believe; indeed, this maxim is to me only like other popular fallacies of later years—a mistake, or in more recognized terms, as you will also find it to be, 'a mockery, a delusionand a snare.'"

In a recent lecture, as noticed in the COLLEGE JOURNAL, Dr. Norris, of Philadelphia, informed the class that in a surgical practice of twenty-four years he had never administered mercury to a syphilitic patient except when indicated by complications independent of the venereal disease; that cases under the non-mercurial treatment had been more speedily cured, and had proved less liable to secondary attacks, and expressed as his opinion that mercury, instead of aiding, actually retards the cure of the disease.

[CONCLUDED IN THE APRIL NO.]

RESEARCHES ON VESICAL CALCULI, AND THEIR MICRO-CHEMICAL ANALYSIS.

[Translated from the French of Dr. SAM'L L. BIGELOW.]

INTRODUCTION.

THE analysis of vesical, biliary, intestinal, and other calculi, has been considered by the learned even of the present day, with a few exceptions, as a subject belonging specially to chemistry and to chemists. From close investigation of these matters, we are fully persuaded that physiologists, the medical men who treat calculous diseases, are more deeply interested in them than any other class of scientific men. Far from saying, however, that these persons should originate and improve that science which demonstrates the purely chemical nature of the organic and inorganic substances of which calculi are composed, we admit this to be strictly an attribute of the chemist, whose efforts should be directed not merely to acquainting us with the nature of uric acid, of those salts with which it forms water, and of the terreous bases, as well as their compound elements, but likewise should make known the analytical formula for the separation of these elements which are so frequently combined, in order that we may examine them singly and successively.

The physiologist, however, has a double task: 1st., to verify the pres ence of the several elementary combinations, the nature of which the chemist has previously demonstrated in a stone, gravel, or urinary deposit; and it is here that he avails himself of the discoveries of chemistry, from the vast resources of which science he may, by a superficial study of a few months, collect a sufficient number of facts. 2d, To fully determine the question of the micro-chemical analysis of calculi.

Having familiarized himself with the physical and chemical nature of calculous elements, the next point for the physiologist is, to endeavor to learn their source in the economy, and the precise physiological or pathological conditions under which they are presented to him in the great vital laboratory of man. He will, therefore, select more powerful means than those which actually exist to enable him to trace the *effects*, which alone have been experienced, to their *causes*, and from a knowledge of these, to draw such important advantages as will enable him to correctly treat those phenomena generating grave results.

In demonstrating the existence of hippuric acid, creatine, and urea, in urine, together with their composition, characters, and equivalents, chemistry has, by its procedures, wholly, or at least in a great measure abridged the labor of the clinical physician. It has accomplished its results by operations on considerable quantities of urine or calculi, while the physician, at the bedside of his patient, can merely obtain a quantity too small to enable him to arrive at any satisfactory results by those means which chemistry alone presents. Heretofore, the greater part of the analysis of vesical calculi have been made by purely chemical processes, the chemist only having been able to estimate their composition, physicians were obliged to place them in his hands and await his decision; and, as a single means, it is true that chemistry is capable of demonstrating the chemical elements of which any body is composed. However, from my results in analyzing nearly four hundred simple and compound vesical calculi, I can unhesitatingly say, that the addition of an optical instrument, which effects no changes in the chemical processes, will enhance and simplify in an astonishing manner the resources presented by chemistry alone. I will still further say, that I believe the greatest discoveries in organic chemistry, reserved for the future, will be due to the combination of these two scientific elements, chemistry and this optical instrument.

I refer to the microscope. It is this instrument which has made chemistry useful to physiologists and physicians, by giving to each one of a collection of these substances infinitely too small to be reduced by the chemist, or to be seen by the naked eye, a special form. The action of chemical reagents on these little collections is thereby rendered visible, and their identity established with the same precision as with the large quantities which chemistry is obliged to have in order to verily the same results to the naked eye. By this instrument, the physician is enabled to make his analysis at the bedside of his patient, and to ascertain from day to day the increase or the decrease of these matters, as, oxalate of lime, uric acid, urates, etc., which, when existing in an abnormal quantity, constitute the calculous diathesis, according to the predominant element. A single trial will suffice to prove the delicacy and exactness of this means added to chemistry.

What chemist can establish, by a purely chemical analysis, the existence of potash and soda in a single drop of water, taken from a solution of one-eighth of a grain of potash and one-sixteenth of a grain of soda in one hundred grammes of water? By the aid of the microscope and chemical reaction, as conceived by Professor Lawrence Smith, the chloride of platinum, which combines with these two substances, will not only enable us to distinguish each of them by the different forms of their crystals, but likewise to make an approximate quantitative analysis of this drop of the solution. This addition of the microscope to chemistry, as a means of scientific investigation, merits the name of microchemistry, as much as descriptive or pathological anatomy, etc., studied with the aid of the instrument, merit the names of microscopic pathology, microscopic anatomy, etc.; but neither of these terms are admissible if it be not intended to express this union of the two as a means of extending the studies of anatomy, physiology, chemistry, etc., instead of the existence of a separate science. The microscope is only an instrument of vision, which, when properly adjusted to the eye, forms, as it were, a part of it, and co-operates with its internal organs, enabling it to perceive objects too minute to be seen and studied without its aid.

The microscope is an instrument which the chemist, as well as the biologist or physician, may equally employ or dispense with, according to their will. It is designed to make known to the biologist and physician a great number of parts belonging to organized beings, and to acquaint the chemist with the forms of various crystals, etc., and show him the results of his operations on these several parts, the study of which could not be made by the naked eye, nor by the aid of any other instrument.

But the preceding terms have no precise meaning, and especially in a scientific view, because the microscope is an instrument designed to improve the sight, and that is all. It enables us to verify, on a very small body, all the characters, all the static or dynamic properties already studied in bodies visible to the naked eye; but it does not make known to us a new order of especial characters, distinct from any others. It is merely an instrument placed between the eye and the object, and yet, in chemistry, it shows us a different series of phenomena from those which are indicated in descriptive anatomy, pathology, etc. An anatomical substance being placed under this instrument, we only study on it the general characters which other bodies present to us, and these characters, compared with each other, show us the differences which distinguish it from other bodies, thus enabling us to class them according to their kind. Thus, with objects studied under the microscope, we have, in the first place, to determine their form, their size, their color, the regularity or irregularity of their margins, their distinctness, or the characters of their denticulations, then the contents or masses limited by these margins, the manner in which the instrument refracts light, and their solubility or insolubility under the action of chemical agents.

As for the chemical substances submitted to this mode of study, it is necessary to add to the above points, those which arise from the influence of chemical reagents ; not only as to their solubility or insolubility, but also their decompositions and recompositions, as well as the particular phenomena of reactions which occur without our knowledge among individual particles when isolated, and without the use of this instrument. This last will enable us to appreciate and to observe phenomena of which, to the naked eye, we see merely the results, and these only on larger masses. For instance, as an illustration, take a single crystal of uric acid several hundredths of a millimetre in size, a crystal which entirely escapes the simple sense of sight ; at first, by the aid of the microscope, we study its physical characters, its form, its color, etc., and then, on adding a drop of ammonia, soda, or potash, we will observe this crystal to disappear, and after a few seconds other crystals will appear in its place, of a form indicating that these are urates formed by the decomposition of the primitive crystal. Then add to this new formation a drop or two of any acid, and we will again observe a disappearance of these crystals of recomposition, and in a few instants small crystals will reappear, having all the characters of the first, and which we recognize as crystals of uric acid. We can thus see any crystal whatever, gradually disappear, and be replaced by others in a similar manner, according to the nature of the reagent employed.

Many learned men are not accustomed to use the microscope, considering its employment as a branch aside from the sciences, but exacting, the same as the sciences whose study it aids, a long and special labor to enable one to use it. Hence, I have deemed it a duty to make these passing remarks to show that in reality it is only an eye-assistant, and that all that experimenters will have to learn, beyond that which the chemist can develop to the naked eye by the aid of chemical reagents alone, will be, the form, the color, the construction of crystals, as well as the action and results of reagents, the appreciation of the constituent elements of crystals, which the chemist studies in mass, and the formation, not of a homogeneous precipitate, but of the veritable crystals which compose a deposit.

I would also remark, that we can never determine the form and general characters of a minute crystal, without having previously submitted it, under the microscope, to the action of chemical reagents, which will verify on a small scale that which they establish, on other and greater quantities of the same substance, to the naked eye by pure chemistry.

As to the etiology, the cause of the formation of calculi in the bladder, and other parts of the body, we have several theories, more or less ingenious, to serve as bases; to form a stone of uric acid crystals, precipitation and cohesion ensues in a urine which contains much less of this substance than that in which no stone is formed, the chemical reactions being, however, the same in each urine. There frequently exists in the urine of persons otherwise in good health, oxalate of lime, which is precipitated in crystals out of the bladder, without cohering to form a stone in the bladder; while with others in whom a stone of oxalate of lime is formed, this substance may be entirely wanting in the urine voided. How are we to explain these facts, among many others which are yet in mystery? Why is a stone found in urine slightly charged with uric acid, rather than in that which contains a greater proportion of this acid, and in which no stone is found? What is the acting force which accomplishes these phenomena? What is that which prevents the oxalate of lime from being precipitated as a stone, when it exists in quantity in the urine? Is it electricity which acts with so much force on many crystaline solutions, and on the salts which they contain, or is there a force acting in the economy which we can not comprehend?

These are weighty questions, which I offer here the better to impress upon the minds of physiologists and physicians the importance of thorough investigation in this great branch of science which is more especially theirs, and to give them powerful motives for devoting more particular attention to it. A single fact, unfortunately too well known to all physicians, will show the importance of this subject: it is, that we do not yet know how to cure the calculous diathesis, nor arrest the increase of stone in the bladder, without having recourse to the means of surgery. How can we ever know these, if it be not by pursuing the only road which offers hope, the great physiological road pointed out by us—the microscope and chemical reagents in concert? We will analyze, then, urinary deposits, their salts, the fragments of stone which pass from the bladder, and endeavor to render our researches valuable by studying the constitution of the individual whom they bring before us, the influence of food, the production of elements which enter into the formation of calculi, and the effect of curative measures. True, the subject takes a wider range, and may even lose itself in the unexplored regions of organic chemistry; but, difficult as it may be, we always have the means with us, and the best and only thing to do is, to labor. The chemist has furnished the science, but he does not carry it to the patient's bedside; the physician alone must experiment there with the assistance of the gifts bestowed by chemistry. The reader will readily comprehend the impossibility of minute and lengthy details, in the limits of a thesis, upon a subject so vast as that which presents the physiological, etiological, therapeutical, and chemical considerations, etc., of vesical calculi. I will be obliged to defer these subjects, which are far from being exhausted, to a more elaborate work, for which I have already gathered the materials, and which will include the prophylactic treatment required for the calculous diathesis, as well as the radical treatment which these diseases demand.

In the present work, I will confine myself to a few remarks on the composition of vesical calculi, and on the elements which the urine furnishes for their formation; I will also indicate the substances which are met with in calculi, with tables partly made by myself and partly taken from others, showing in a general manner the more common combinations of these substances with each other. After a few words on the classification of calculi, I will proceed to a brief description of the chemical and physical characters of these substances taken separately, and the aspect presented by several calculi consisting of only one principal constituent. I will briefly point out several advantages to draw from the method which I have adopted for analysis, that is, the *micro-chemical* method. A special chapter will be devoted to the purely chemical means of which I have availed myself in order to separate the organic or inorganic matters which are found existing together in such or such calculi. The next chapter will take up the micro-chemical analysis of the constituent principles of calculi, principles which have been separated and precipitated by the chemical processes explained in the preceding chapter. The object of this examination is to verify the correctness of the deductions drawn from our chemical analysis, and will enable us to classify these constituent principles by their form, their construction, and by the metamorphosis they undergo under the microscope, when submitted to the action of chemical reagents. The organic elements of vesical calculi will be more particularly dwelt upon at this place, and I will show the discoveries I have made relative to them, as much by their manner of crystalization as by the mode of analyzing them. * * *

[TO BE CONTINUED.]

CASES IN PRACTICE.

BY T. E. ST. JOHN, M. D.

Pneumonia, or inflammation of the lungs is a disease which prevails quite extensively in the Northern States at this season of the year, and although all classes of physicians have had some experience in the treatment of it, I will venture to say that there is no one malady in the management of which so much empiricism is displayed, among the so-called regular profession, as in this. Some there are, who, having mind enough to observe the truth, have learned by actual experience that bleeding will not cure inflammation, or calomel and antimony sustain life under the ravages of disease. In view of these facts, I am induced to report one or two cases which will illustrate the treatment that I have adopted and found successful.

Case No. 1.—I. D., age 45. The seat of his disease was the lower lobe of the left lung. Deep-seated pain, much increased by a full inspiration or coughing. Cough severe but oppressed, owing to the intense pain which it occasioned. Expectoration of that peculiar rust color characteristic of this disease. Pulse 100, hard and full. Skin hot and dry. Tongue covered with a brown coat. Bowels costive. There was a marked periodicity in this case, the exacerbations occurring in the evening. Treatment—

℞ Rhei, grs., xv.
Podophyllin, grs., v.

Mix, and divide into three powders, one to be taken every four hours, until a free evacuation of the bowels is produced; after which,

℞ Sul. Quinia, grs. xx.
Leptandrin, grs. x.

Mix, and divide into five powders, one to be taken every three hours.

To loosen the cough, gave

℞ Ipecacuanha, grs., v.
Pulv. Liquorice, grs. xv.
Warm water, f℥ij.

Mix. Take a teaspoonful every half hour or hour, as necessary.

Directed a fomentation of hops and vinegar to the side; also, that the whole surface of the body be bathed at bedtime with warm saleratus water, and rubbed dry with a coarse towel.

2d visit. Much better—cathartic operated well—no fever this afternoon—pulse 90—cough loose—expectorating quite freely. Continue treatment.

3d visit. Worse—had taken cold—coughing incessantly, and raising much blood. Applied a blister over the lung, and gave

℞ Syr. Ipecac,
" Squills, āā f℥ss.
Flu. ext. Lycopus Vir, f℥j.

Mix. Take a teaspoonful every four hours, alternating with the following:

℞ Sul. Quinia, grs. xx.
Dia. powders, grs. x.*

Mix. Divide into five powders.

4th visit. Improving—raising some blood, but not as much as yesterday, and it is beginning to assume a rust color. Continued treatment, with the addition of a tea made of asclepias tuberosa, to be drank as he might require. Also a cathartic of rheum and soda at night.

5th visit. Still improving. Since which he continued to improve, and recovered without any change in the treatment.

Case No. 2.—Mr. H., age 50. Had been sick about a week—severe pain in the left side—coughing continually, and expectorating freely, with considerable blood—pulse 95. In this case I applied cups and the scarificator to the side and back; after which, I directed a fomentation of hops. Gave

℞ Sul. Quinia, grs. xx.
Dia. powd., grs. x.

Mix. Divide into five powders. One to be taken every four hours, alternating with

℞ Tinct. Sanguinaria,
" Lobelia, āā fʒii.
Syr. Squills, f℥iss.

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* The comp. powder of ipecac and opii of Am. Ec. Dis.

Mix. Take a teaspoonful at a dose.

2d visit. Better—continued the treatment, after the action of the following cathartic:

℞ Rhei, grs. xv.
S. C. Soda, grs. x.

Mix. Divide into three powders. One to be taken every four hours.

3d visit. Still improving. Since which I have not seen him, but have learned that he has entirely recovered.

These two cases will be sufficient to show the treatment upon which I have mostly depended in this disease. Quinia, in from three to five grain doses, in connection with external applications, and some mild expectorants, constitute the chief means of treatment. I have much confidence in the utility of the asclepias tuberosa in the latter stages of this disease, and would recommend its use to all who have not tried it.

CHRONIC DYSENTERY.

BY B. R. GROOM, M. D.

Mrs. M., aged 28 years, was attacked with the acute form of this disease on the second of August last, and was attended for four weeks by an old school physician. His first prescription was:

℞ Hydrarg. C. Creta, grs., xx.
Pulv. Doveri, grs., v.
M. F. Pulv. No. 1. To be taken every three hours.

This prescription was persevered in for two weeks, at which time the vital energies had become so depressed that stimulants and tonics were indicated. She was therefore put upon quinia and brandy, which she continued without any alteration, either in her treatment or in her condition, except a slight change produced by the alterative properties of the hydrarg.—ptyalism. Thus she lingered ten days more; when aided by a constitution habitually robust, the system was enabled to overcome the acute attack, and it changed into the chronic form. Morphia sulphas, grs. viii., was ordered to be given upon every occasion of pain or tenesmus. Of course this relieved her so long as she was under the influence of the narcotic. He finally told the husband that she would have to wear out the disease.

On September first I visited her. Found her pulse one hundred and twenty-five per minute, tongue furred, red at the tip and edges, capillary circulation very much impeded, skin dry and husky, excessive hepatic secretion—as shown by the icterode hue of the eyes and skin—tenesmus extreme, discharges as frequent as twenty-five per day, of a muco-sanguineous character, intermingled with epithelium. Treatment.

℞ Geranium Mac., ʒjss.
Sweet Milk, Oij.

M. F. Decoct. strain and take five fluid ounces three times a day. To relieve the tormina and griping in the bowels, the compound powder of ipecac. and opium, in five grain doses, was directed to be given every four hours.

Sept. 2. Had but twelve discharges since yesterday, skin moist, pulse ninety-five per minute. Having by this means obtained some control over the diarrhea—to correct hepatic derangements and impart tonicity and energy to the digestive organs, I gave the following:

℞ Podophyllin, grs., ij.
Leptandrin, grs., iv.
Alcohol, Ex't Tarax., q. s.

M. F. Pill: No. viii. One to be taken every three hours until the dejections became bilious, when cease. Omit the decoction at night; repeat the compound powder of ipecac. and opium, to insure rest and repose.

Sept. 3. Patient much improved. Had eight discharges in the last twelve hours, and mostly bilious.

℞ Comp. powd. Rhei, ʒijj.
Prunus Virgin., ʒj.
Aqua Bull., Oj.

M. F. Infus. Dose, two tablespoonfuls every three hours. Continue the compound powder of opium at night.

Sept. 4. She rested quite well last night. Had four discharges, all more or less fecal. All other symptoms improving. Continued the infusion at longer.

Sept. 6. Patient prepared her breakfast this morning. It may be added that she had a nutritious and generous diet, and the alkaline sponge bath was used as a most efficient adjuvant in the case.

A CASE FOR DIAGNOSIS AND TREATMENT.

[The following report has been presented by the attending physician, and is placed on record with the hope that the readers of the Journal will be free in the expression of their opinions in regard to it.]

Mr. W., age 42, farmer, sanguine encephalo-lymphatic temperament, robust habit, of middle stature, complaining of a constant deep-seated aching pain in the left temple, with deafness and buzzing in the corresponding ear; no secretion of wax in the left ear, although abundant in the right; eyes sensitive to light—no perceptible difference in the pupils, both slightly contracted—can not see to read, the letters are blurred and indistinct; by closing the right eye the letters appear more distinct. The left eye is slightly inflamed, which is supposed to have been caused by a particle of Cantharidine ointment getting into it. Partial anæsthesia of the right side of the face, commencing at the middle line of the chin, lips, nose, and forehead, and extending back to the ear and ramus of the jaw. I could discover no tenderness on the left side of the face or head by pressure. Cupping of the left temple gave no pain, although he complained while being shaved on the corresponding side of the face with a dull razor. There is a puffiness of the left cheek and eye-lids. The face is slightly drawn to the right side. On protruding the tongue (which he did very readily) its point inclined to the left. The sense of touch and taste partially lost on the left side of the tongue. The palate and tonsils slightly inflamed. The superior left molars become very painful when any cold substance is taken into the mouth. No loss of motion of the limbs—the sense of touch normal. During the recent cold weather the right arm and leg would at times feel unpleasantly cool to the patient. (Was the circulation more vigorous in the left side, or was it less sensitive to cold?) Some days he vomits on taking the least food or drink. A dark green and intensely bitter matter is thrown up with whatever food or drink he may have taken. No tenderness in the epigastric region—occasional hiccough—slight thirst—a moderate desire for food—bowels constipated. Voids urine once in every twenty-four hours, but not until the bladder becomes painfully distended. On rising becomes dizzy, and the pain in the temple is aggravated. If he attempts to walk he staggers, and would fall if not supported. The pulse is 55 per minute; regular, soft, and moderately full. Perspires slightly while sleeping—sleeps more during the day than at night. Has a "bad taste" in his mouth after awaking—his tongue is covered with a white fur. He converses rationally, and his memory is good. He gave me the history of his case, which is about as follows:

He first noticed a peculiar numb sensation of the left side of his face about two years since, which has gradually but slightly increased since. In the summer of 1855, while working in the field he suddenly became dizzy with pain in his head, and had to lie down, as he said to keep from falling. The unpleasant symptoms soon disappeared and he went to work as usual. He thinks that there was no perceptible change in the "numbness" at that time. Shortly after this time a small ulcer appeared upon the left side of his tongue, since which time it has occasionally healed up and again becomes sore. He had good health and continued laboring until about the 15th November, 1856; at that time he was taken with a pain in the left temple, dizziness, vomiting, deafness, and buzzing in the left ear, and other symptoms which have been already described.

The treatment up to the time that I was called in was blue mass pill with salts and senna tea to "work it off," and blisters over the left temple.

ST. IGNATIUS' BEAN IN CHLOROSIS.

BY T. C. MILLER, M. D.

I AM a German by birth, I have resided here fifteen years. In my twenty-five years' practice I have never bled or given a grain of calomel. I agree in my practice with the celebrated German physician, Rademacher. For the two years past I have become acquainted with the American Eclectic system of practice, and I view it very favorably. Yet I think your podophyllin and lobelia much too active medicines to be given in large doses, and I do not use them as a *cathartic or an emetic.* They are excellent remedies in very minute doses, and I make use of them in that way, but not on the Homeopathic hypothesis.

In the July number of the COLLEGE JOURNAL for 1856, Prof. King makes some remarks in regard to "Medical Humbugs" which I consider very true; yet I have used and do still use the Powdered Bean of St. Ignatius in my practice.

I have used it in several cases of chlorosis (Febria Alba, amatoria of the Germans) with very good results. I consider chlorosis to be a disease which primarily originated in the *nervous* system, and that the disturbance of the digestion, the circulation, and menstruation, are only secondary results. I have observed recently that I am sustained in this opinion by two eminent European physicians, Becquerel, and Rodier.

In chlorosis I prescribe the following:

℞ Iodide of iron.
Ext. Gentian āā ʒj.
Savine Leaves.
Pulv. Ignatius' Bean āā ℈ss.
M. F. Pill No. 60.

Of these I direct two pills to be taken at a dose three times a day. I also order frequent friction of the spine and extremities with the tincture of camphor.

I am aware that the majority of physicians are of the opinion that chlorosis is a blood disease; but I am of the opinion that the derangement of the blood is but secondary. I think Chlorosis always occurs primarily as a disease of the nerves—more especially of the nerves of the spinal marrow—and my treatment, which is based on this opinion, has always produced a speedy cure.

I have made several trials of the powdered nux vomica, but I find it very slow in its action, and it has often failed of producing any good results, while a resort to the St. Ignatius' Bean has produced an improvement in the health of my patient in a very few days. I never neglect to give the preparations of iron after I have made the proper impression on the spinal nerves; but I never combine *purgatives* with the chalybeates, as I consider that very bad practice. The cathartic will carry off the iron and prevent its finding its way into the circulation, and thus restoring the blood to a normal condition. Sydenham has condemned the folly of combining cathartics with the irons in strong and proper terms. Should the bowels be inactive, injections will serve to move them, and prove far more beneficial than purgatives.

The best medical practitioners on the continent of Europe use the bean of St. Ignatius. But I do not wish to be considered as finding fault with Prof. King in these remarks, as I have a very high opinion of his writings, and in the main I agree with him.

I have before me a new work by the celebrated Professor Wanderlich, of Germany, whom you will recollect Prof. Dunglison has cited in the preface to his work on Practice. Prof. Wanderlich says:

"We have it not in our power to cite a case in which *bleeding* is applicable." Twenty-five years since, when I was a pupil under Prof. Wanderlich, he was a very strenuous advocate of blood-letting, but his views have changed since then. Experience and observation ought to convince men of the folly of using the lancet; but as I have never seen the necessity of blood-letting, some have called me an empiric and a quack. But some prefer to follow authority rather than think for themselves and act independently.

QUERIES ANSWERED.

BY PROF. CLEAVELAND.

Uterine Derangemenst.

A CASE of uterine disease to me presents some anomalous symptoms. Mrs. ——, aged twenty-eight, a pretty fair example of the lymphatic temperament; has had *one* natural labor—a fine healthy son of nine years. She has never been quite well since his birth, but was able to attend to the duties of her family until about three years ago, when she became a confined invalid with acute inflammatory disease of the uterine organs—suffered with little mitigation for a year, since that time has been more comfortable.

She placed herself under my care, Nov. 11th. Upon inquiry I learned that the menses have become anomalously scanty, and protracted in the period of their return.

She suffers from pain and congestion for a week before the menses are due, and if they are deferred three weeks longer, she suffers until they make their appearance; they last but a day, and the secretion scarcely amounts to a "show." She feels great prostration *afterward* from the effects of pain.

Upon speculum examination I found the os uteri covered with a dark excoriated surface dipping into the cavity of the cervix, *very* sensitive to manipulations. I applied the nitrate of silver to the diseased surface, which caused faintness and nausea. But little discharge followed the use of the caustic appliances for several weeks. The os healed in a few weeks, but the diseased cavity of the cervix remains in *statu quo.* I used the sesqui carb. potassa after about six weeks, which increased the discharge much, and I hoped for an amelioration of the disease.

I have sounded the uterine cavity, and I have come to the conclusion that there is not constriction of the cervix sufficient to prevent the appearance of the menses, nor do I believe there is disease of the body of the uterus. There is but very little hypertrophy of the cervix, and very little dilatation of the cavity; indeed, now that the os is healed, it appears to the eye quite like a healthy organ, except it is somewhat softer than a healthy os uteri. But upon *slight* dilatation (which is all that can be effected), the cavity looks red and angry with white ulcerations dotting it. I am now using creosote pure to the cavity. It does not produce near as much pain as the other caustics.

The anomalous symptoms in this case seem to me to be the almost entire absence of the menses and hypertrophy, which in my previous experience have been quite the reverse.

The digestion and assimalation are good now. Had the local symptoms improved as much under my treatment as the general symptoms have, I should not have sought counsel. I have medicated but little, using water treatment as I thought the case demanded, with various medicated injections. There is considerable difficulty in making applications to the disease on account of the absence of dilatation of the cervix.

Now if you will suggest to me something more efficient than the treatment I am pursuing, I shall be glad.

Remarks.—Without doubt there has been some derangement of the uterus in this case, at least from the birth of the son nine years since; and the scanty secretion was one of the results of this debility.

In order to give tone and vigor to the uterus, I would recommend the use of a pill as follows:

℞ Bebeerina, grs., xx.
Oxide of silver, grs., x.
Ext. cimicifuga, grs., xxx.

M. F. Pill, No. 20. One Pill to be taken night and morning.

A solution of the chloride of zinc, of the strength of three or four grains to the ounce of water may be injected into the cavity of the uterus, and after a few days a solution of a similar strength of the *sulphate* of zinc may be substituted.

In addition, a steady and persistent current of galvanism may be made to traverse the pelvic region from toward the origin of the nerves toward their extremities. This may be kept up in a very mild form for several hours each day, either by applying a copper plate near the spine in the dorsal or lumbar region, and a zinc plate over the pubis, and the two connected by a metallic conductor, or by even inserting a zinc rod in the cavity of the uterus, and having it by means of a metallic cord attached to a copper or silver plate placed higher up on the surface of the body. The two plates first mentioned I consider the preferable method.

The "water treatment" I have always found quite too debilitating in this class of cases unless the use of the bath is followed by very free friction, or the water be well charged with a saline, as the common table salt. Warm salt-and-water baths, followed by friction, will doubtless prove beneficial, but the local application of galvanism will be demanded even when the water is rendered saline.

The whole length of the spinal region may be stimulated by the free use of the tincture of arnica once or twice daily with plenty of friction, and every organ in the system should be made to perform its functions as natural as possible by the appropriate regimen and medicines. These cases require rigid scrutiny in diagnosis, and great watchfulness and care in treatment, and can not well be prescribed for without a personal inspection.

OLD PHYSIC EXAMINED. No. V.

BY ABRAM LIVEZEY.

[*Continued from Vol.* 1. *page* 458.]

In my subsequent review of "Old Physic" I wish it to be distinctly understood at the outset, that I have no personal *pique* to gratify, no interested motives to subserve, that I have no intention to war against *men*, or against the profession, or against its teachers, my sole purpose is to correct some of the *fallacies* which have been miscalled medical philosophy, and thereby to make medicine more deserving of confidence, and to save the science from being longer stigmatized as the "destructive art of healing," a reproach to which it must ever be exposed so long as it sanctions the ceaseless round of bleeding, leeching, cupping, blistering, purging and mercurialism, whenever the disease continues beyond "six or ten days" (Wood), and in all cases wherein the magnetic force is determined to an organ or part, a treatment predicated upon the pathological fallacy called inflammation, by which phrase is meant an increased action of the part, attended by heat, redness, pain, swelling, etc., and marked by a febrile or constitutional disturbance of the whole economy, a condition which, it is asserted, can only be corrected or restored to the normal state by the above powerfully depressing or *antiphlogistic* agencies; a course of treatment which the authorities at this hour recommend, and which the profession as a body, blindly follows in all diseases called *inflammatory*, to be deceived by the results which attend a practice based upon an authoritative dogma.

In my last paper I spoke of acute hydrocephalus or tubercular meningitis, a "disease beyond all comparison most frequent in children," a disease that it is considered "must almost inevitably prove fatal," and hence "active treatment can do little or no harm even if unsuccessful" (Wood), a disease to which children are predisposed by a scrofulous diathesis and the want of fresh air" (Bell), and concerning the treatment of which this learned author advises nothing of himself, but quotes the language of another that "local bleedings with mercury and blisters hold out the best prospect of success."

In the present article I wish briefly to examine Old Physic's views and treatment of the kindred affections, *meningitis* and *phrenitis.*

Meningitis according to *authority*, being "not uncommon in new-born infants and in those under two years," and inasmuch as "caries of the bones of the ear and of the cranium itself," are among the "frequent causes of it which are deserving of particular attention," I can not concur with Dr. Wood, when, in the face of these existing causes, he says that "beyond all comparison the most effectual remedy is bleeding." I could also dispense with the application of cups to the temples, behind the or neck, as well as leeches to the same parts, even though "skilfully applied," for meningitis not unfrequently occurs in the course of "febrile diseases, especially typhoid fever and erysipelas, and it is also a frequent sequela of scarlatina" (Wood), diseases in which, surely, no man in his senses would think of letting blood. In all such cases, or where there is a determination to the head, and the circulatory fluid requires equalizing, surely more good can be effected (without permanently and injuriously depressing the patient) by nauseant doses of emetine, veratrum, etc., and full doses of podophyllin, aided, if required, by cold to the head, warmth and moisture to the body and inferior extremities, and the employment of lobelia enemas as derivatives and relaxants, and as soon as perspiration marks the change which precedes a remission, more or less perfect, recourse should be had to sedative medicaments, as hydrocyanic acid and quinia dissolved in ar. sulph. acid every two hours.

Let the utmost attention be paid to the changing temperature of the patient; for what is this bug-bear inflammation but a quicker motion of the atoms, and consequently a higher temperature of the part where atomic motion is thus changed? and it must be admitted that both may be subdued by cold and sedative medicaments, and not by "regular" treatment detailed in the preceding and present paper, the results of which surgeon Cooke of the Royal Free Hospital of London describes as one of "routine slaughter."

IRON AND MANGANESE.

BY J. S. BURR, M. D.

I have been in the constant practice of medicine for the last thirty-five years, and have seldom been without cases on hand requring some preparation of iron. I have occasionally found the iron to fail in accomplishing that for which it was intended, but did not know why.

Your views relative to the uses of iron and manganese may fully explain this matter. I have no recollection of ever using any of the preparations of manganese in combination with any of the preparations of iron, although I have long known that manganese seemed to possess some alterative power, especially on the hepatic system; but never before was aware that manganese is a prompt and efficient stimulant to the lymphatic system of vessels and glands. If it does so it must truly be a very valuable medicine, and your view of the matter gives an explanation of why I have occasionally failed with all the ferruginous preparations.

DOCTORS AND DOCTRINES.

BY H. G. BARROWS, M. D.

[In a communication which our limited space obliges us to condense, Dr. Barrows has presented the following ideas:]

One of the prominent causes of the non-advancement of medical science, has been the illiberal disposition manifested by physicians. When I say physicians I mean of course, those of the Old School, for until within a few years *they* have been considered *the* doctors, and any opinion advanced or sentiments uttered which were not in accordance with the stereotyped teachings of this school of medicine, were denounced as heresy and stamped as quackery.

Any new idea, any new remedy, or any new theory, could not for a moment be tolerated unless their promulgation came through a *certain* channel; and men were not to be found who possessed sufficient independence to run the risk of standing alone in the promulgation of new ideas.

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Seek to know all that is to be known, and then reduce your knowledge to practice. Be an *Eclectic* in the true sense of the term; gather truth from every source, and upon that basis rest your theory; go onward as a *free* man; while you aim to be a bold thinker, study to be judicious; discard all medical shackles that would enslave your mind, and launching out into the great ocean of truth before you, drink deeply of its mind-invigorating waters, and fearlessly declaring the truth, be valiant in its defense.

EDITORIAL DEPARTMENT.

CLOSE OF THE WINTER SESSION.

After a session of the most perfect good feeling and harmony both between the Faculty and the students of *The Eclectic College of Medicine*, the lecture term was brought to a close on the evening of the 5th of February.

During the winter, there were sixty-six matriculants in the College, of whom, having fulfilled the requirements of the College, and on examination proving themselves well versed in the science of medicine and qualified for its practice, the following had bestowed upon them the degree of Doctor of Medicine:

Jeremiah Ayres, of Penn.
W. T. Arbuckle, of Tenn.
A. L. Bayard, of Ohio.
D. E. Bayard, of Ohio.
Sarah C. Brigham, of Mass.
Isaiah Brothers, of Penn.
Eliza A. Brown, of Ill.
T. K. Desheil, of Va.
E. F. Davis, of Penn.
Charles Ellis, of Ill.
J. W. Groat, of Ohio.
M. W. Henry, of Texas.
J. E. Hostetler, of Ind.
C. D. Lewis, of Ohio.
A. Logan, of Penn.
Z. M. Lansdown, of Ohio.
A. G. McCatty, of Jamaica, W. I.
H. A. Peterman, of N. Y.
G. W. Shivel, of Ky.
C. B. Spangler, of Ky.
S. Annie Slout, of N. Y.
F. M. Tate, of Iowa.
W. F. Thomas, of Mass.
S. M. Weaver, of Ohio.
J. C. B. Wharton, of Ind.
R. Winans, of Ohio.
James Davison, of Penn.
A. J. Grover, of Ill.
S. S. Judd (Honorary), of Ohio.
H. G. Barrows " of Mass.

The Valedictory Address, pronounced by F. M. Tate, M. D., who was selected by his associates for this honor and duty, was an excellent production, filled with noble and independent thoughts fitly expressed. We would be pleased to report much that he said, for the benefit of our readers, but must content ourselves with a few brief paragraphs.

"On this occasion," he said, "we have been authorized by our Alma Mater to enter the ranks of a profession which, in intrinsic merit and importance to mankind, far transcends our highest conceptions. And as it more directly involves the health and happiness and well-being of the race, universally, it therefore stands paramount to all others.

"But we enter it not as vassals, with our minds shackled with the dogmatic teachings of those who have obsequiously followed in the footprints of their predecessors, never daring to think, reason, and investigate for themselves. We enter the profession deeply imbued with the spirit of *progression*, which should ever characterize honest, free, and untrammeled seekers after truth.

"We are left free and independent to investigate for ourselves, having no less an object in view than the prosperity and welfare of the whole human race. * * * We fully realize that *progression* alone has benefited the world, and that he who is content to pass through life without making an effort to bestow upon humanity a new truth, deserves no better fate than that of oblivion. * * * *

"To such men as these, who were benefactors and teachers of the profession, belongs the honor of laying the foundations, in ages long passed, upon which the beautiful structure of Progressive Medicine has been erected. To them belong the honor of sowing the seeds of reformation, which have grown and expanded into a RATIONAL SYSTEM OF MEDICINE.

"They achieved, in their day, a magnificent victory, and for their arduous efforts to purify the profession of errors and crude falsities, humanity should ever cherish their memories with profoundest gratitude."

These remarks were followed with earnest appeals to the graduates that they ever maintain their personal independence in thought and action, and particularly that they avoid cherishing *prejudices*, or forming opinions except after the most cautious investigation.

A highly interesting and satisfactory part of the Commencement exercises, and one which will with many be remembered with pleasure, to the end of their lives, was the

ADDRESS TO THE STUDENTS,

BY PROF. I. J. ALLEN, M. D., LL. D.

The large Hall where the exercises were held was crowded to its utmost capacity, and many, not finding seats, had either left, or were standing at the doors, and not one of the multitude but was more than pleased with the remarks of Prof. Allen. We regret that we can not publish the address entire, but our readers must content themselves with the extracts which our limited space will allow us to present. It is very difficult to make such selections as will convey an adequate idea of the noble, manly, independent, and humanitary position taken by the speaker, and through him for the profession. He commenced by saying:

"That the human mind yields a willing reverence to the character of those who exercise the functions of the healing art, the memorials of all nations and of every age abundantly attest. For, whether its followers resort, for the exorcism of disease, to the rude drum and wild incantation of the 'medicine man' of our aboriginal tribes, or invoke the charm of the amulet and talisman of the wandering Bohemian, or apply the empirical catholicon of the superstitious Brahmin, or prescribe the remedies indicated by the loftiest science of civilization—everywhere they are regarded with distinction and held in respect. There is, indeed, no profession among men that so closely connects its followers with the secret feelings, and identifies them with the deepest sympathies of the human heart, as does the profession of Medicine. In every household, the mission of the 'good physician' is venerated as the visitation of a guardian spirit hovering in mercy around the couch of those we love; while even on the battle-field, where the merciless genius of carnage bears rule, his office renders his person sacred, and to wantonly harm the surgeon, even in the army of a foe, is denounced by the law of nations as an act of barbarism, and is execrated as war upon humanity.

In view, therefore, of the almost sacred sanctions with which mankind have invested the medical character—in view of this high position worthily occupied—of this extended influence worthily employed by the physician, society has a right to expect in him a corresponding worthiness of character, and may demand of him a corresponding worthiness both in professional attainment and moral refinement. This proposition, thus generally stated, will, of course, be conceded. But the obligations of the physician to society are not always to same; for, as society itself not unfrequently changes its own distinctive phases, so the corresponding relations of the professions are thereby modified. Hence, obligations new and different may be superimposed by virtue of the new and different demands peculiar to the place or the period in which we live. And as our age and country present various distinguishing aspects and conditions, and as you, young gentlemen, are about to assume the responsibilities of professional life, I beg leave to present for your consideration on this occasion, some thoughts touching THE CLAIMS OF THE AGE ON MEDICAL MEN.

Time was when the masses of mankind looked upon physical science as a labyrinth of hallowed mysteries which it were profanity for man even to attempt to explore. Accordingly, the man of science was then regarded with more of awe than reverence, with more of dread than admiration; and the company of the doctor was, therefore, usually less sought than shunned, on account of his supposed intimacy with a certain distinguished personage whose presence was too redolent of sulphur for admission into good Christian society, and whose aid was always presupposed in the compounding of every medicamentum! Then but few thought, and fewer still desired to lead. And medicine, finding that man would yield to superstitious fears an obedience that they steadily and stolidly refused to the prescriptions of science, scrupled not to invoke the elements of power derived from the mysterious and the marvelous, in order to urge forward those who were too fearful to follow, just as the prudent and provident shepherd would drive onward his timid flock recoiling from imaginary dangers in front, by raising clamors more fearful in the rear. Hence, the cloudy covering afforded by the mysterious and the marvelous at length became the ordinary habiliments wherewith the empiric and pretender clothed their professional practice, with the triple purpose of concealing their ignorance, which others mistook for wisdom, and of exciting awe, which they themselves mistook for admiration, and of extorting gifts, which they mistook for gratitude.

But not so in the present age. Instead of being too fearful to follow, all are now clamorous to lead. To the minds of our people, physical science has lain aside its cloudy vestments of terror, and clad itself in robes of beauty; it has become the toy, the pet, the plaything, of the multitude; and there is, consequently, an unmistakable and increasing disposition to philosophic methods of thought and action. Of old, the cabalistic and the mystical were the delight of men; now, the cry is for the practical and useful; then, the gorgeous ceremonial, however empty, was craved; now, the demand is for laws and principles, however abstruse; then, the world reveled in the ideal and obscure; now, the desire is for the actual and demonstrative. It is, therefore, as natural for an American to reason and investigate as it is to breathe and move. The thunders and the lightnings that roll and flash from the cloud-girt summit of the Sinai of science, instead of appalling his timidity, only incite his curiosity; and the glittering veil of the mysterious and the marvelous he will adventure to either lift or to rend, though the burning curse of Khorassan were to reward his temerity. He will believe nothing, do nothing, submit to nothing, without knowing, or at least thinking that he knows, *why;* and, with Socratic point and pertinacity, his reasoning processes are but continuous interrogatives, as he stands forever demanding *wherefore* and *how.* And though this exuberance of intellectual action may occasionally shoot forth into error, it nevertheless affords to the advocate of truth, whether in religion or government, in physics or metaphysics, an opportunity of unexampled advantageousness; and to the man of sound professional science, *i. e., practical* science, it gives the Archimedean lever wherewith he may move the world of thought.

* * *

That an age so peculiar should not have corresponding peculiarities in its claims on your profession, young gentlemen, it were impossible to presume. And, in presenting those claims, I deem it not improper for me here to state, that they are to be regarded as no more applicable to you, than to all others, who, like you, have earned the degree, and bear the title of Doctor of Medicine. For, though speaking before you by your invitation, and under the auspices of your highly respectable institution, I nevertheless feel at liberty to declare, that I speak for no medical sect or party, for I am bound to none. I speak for no Medical School or College, for I belong to none. I speak not, even, for myself, alone, but as the representative, for the time being, of the age, of the period and the people, whose claims on medical men I improve this opportunity to present.

And the first important claim they would assert is, the requirement of scrupulous HONESTY. Of course I do not mean to signify, that this requirement is to be more strenuously urged upon medical men than others, in the ordinary business acceptation of the word. But the specialty of the claim is, that you should be honest as medical men; not only honest in the business of dollars and cents (which indeed it were not amiss to enjoin), but that in professional life, you shall discard deception; that you shall frown upon all mysticism; that you shall spurn the thought of trickery; that you shall scorn to impose upon the confiding mind even of childhood, for any promise of gain, or any hope of renown. Time was, as I have mentioned, when secresy and mystery were so universally the adjuncts of medical practice, that they came to be held as almost attributes of the physician's character; when his secresy of manner, his pomposity of speech, his assumption of wisdom, his nod of solemnity, his frown of reproof, and his oracular ambiguity of direction, were among the expected concomitants of professional visitations. But, as also stated, that time is past in the history of your profession; and the intelligence of the age now claims that your patient, or his friends, as they share your anxiety, should be taken into your councils, that they may aid you by valuable suggestions; should be apprized of the objects aimed at in your treatment, that they may the more intelligently execute your prescriptions; should be informed of the nature of your remedies, that their more intimate knowledge of the patient may indicate to you his idiosyncracies; that you should freely encourage them to hope, when not without reason, and should certainly apprize them of danger, when not without cause. To do less than this is to be less than honest. And of all dishonest concealments, that would seem most base, most inhuman, when the physician, whose experienced eye has discerned the stealthy premonitions of dissolution coming, it may be in such guise that the unskillful have deemed them even promises of health, would leave them in their delusion, and, when afterward informed of the fatal result, should affect surprise, and with some severity suggest that he should have been speedily called on the occurrence of this unexpected change in the case! Not that physician's mind, nor all other mortal minds can ever estimate what may have been the value of that last hour of life, had his patient known that that hour was to be his last of life. This concealment, though possibly conceived in the spirit of kindness, is, nevertheless, both cruelty and dishonesty. Against this the genius of our people, and the spirit of the age remonstrate, and claim that the medical man should be honest in his prescriptions, honest in his counsel, and honest in his communications.

They also claim that the physician should be a GENTLEMAN. * * * The *medical gentleman* will never affect an awkwardness, or eccentricity of manner to attract public attention; he will never permit himself to disregard decency and decorum, in order to win applause from the vulgar; he will not be unmindful of cleanliness of person, and neatness of attire; he will never approach the bedside of the sick, the suffering, and the sensitive, with such an odor on his garments, and such a tramp in his tread, that, judging from olfaction and hearing, the patient might suppose the doctor, forgetting to dismount from his horse, had entered the sick-room in his saddle! Not that we would have you dainty, and foppish, and finical. Nay, the opposite—a *gentleman!* Not one of those polished hypocrites, of which fashionable society, so called, too often makes boast—fashioned by the tailor, dancing-master, and hair-dresser; who usurp the name of gentleman; covering coldness of heart under pretences of friendship; flattering, but to cajole; bowing, where they feel no respect; smiling, where they feel no affection; promising service, while they intend to deceive and abandon, and proffering kindness, in order to circumvent and destroy. Not such! But a *gentleman*, in the true sense of that honorable term—firm in high principle, and dignified by integrity; combining the "*suaviter in modo*" with the "*fortiter in re;*" frank, without bluntness; firm, without obstinacy; kind, without flattery; gentle, without weakness; exact, without formality; charitable, without ostentation; free from affectation, egotism, or impertinence; ever mindful of your patient's feelings, tolerant of his infirmities, and patient of his peevishness—*gentlemen*, not in outward garb, only, though of that not careless from deference to the world and yourselves; not in mere phrase and form, though in these seeking to please and propitiate; not in education, or accomplishments, though despising no worthy aid to your social powers and influence; not from station, nor profession; but in heart, purpose, and the conduct of life,—recommending virtue by an example, without obtrusion, and religion, without austerity; rebuking scandal, profanity, and impurity by well-tempered remonstrance, or silent withdrawal; anxious to please, as the medium of doing good, but giving no countenance to evil, through fear or favor of man. Such is the standard that the age prescribes for the medical *gentleman.*

Another claim is that medical men shall not refuse to become active participants in the movements and enjoyments of social life. It should seem that this, instead of being claimed of them, would be demanded by them. * * * And to this end your learning should be more than merely professional, for the *merely* professional man, of whatever pursuit, is but the fraction of a man; and however great therein, it is bu ta fraction of his aggregate of greatness; the rest is undeveloped. * * * * The mystic chambers of your intellect should *all* be furnished and tenanted. There the genius of History should be invoked to sit down side by side with Materia Medica; the Fine Arts should be wooed to the lending of their habiliments of grandeur and of grace to the revolting form of Pathology; and Poesy should be won to the embrace of Anatomy, that her loveliness may shed a halo of beauty around the dry bones of the valley, and that the thrilling notes of her song may "wake oblivious wonder in the ear of Death." * * * *

But, you may ask, when are we to find leisure for the attainment of all this varied learning and the performance of all these varied duties? Must not the calls of my profession be paramount in my regards? Assuredly they must. To secure these attainments, then, there must be a systematic parsimoniousness of time, yea, I speak advisedly when I say *parsimoniousness* of time; a careful gathering up of broken moments, a rigid saving of the fragments of hours, which are, by too many, dawdled away in vapid amusements, in reading newspaper paragraphs about shocking accidents, domestic dissensions, and elopements in high life, or in gaping at public putridities daily exhibited at the Police Court, or in lisping senseless scandal or idle gallantries in the ears of ladies, who in their souls despise such utter emptiness of heart and brain, and who but tolerate the fool as they would a poll-parrot or a pet poodle, merely for the want of more sensible company. But few of you will ever be called to a wider practice than Prof. Dunglison enjoyed, yet he adorned both society and his profession, and wrote voluminously and learnedly while sustaining the full burden of his professional duties.

And one of the ablest ethical writers of Great Britain was Abercrombie, who closed the day of immense toil in medical practice with the most lucid philosophical meditations on metaphysical themes. Both of these were systematically saving of time; hence their leisure for the accomplishment of their renown. * * * * * * *

The age furthermore claims that medical men should be steadfastly true to the philosophy of their profession. To this end it is not enough that you become familiar with the prescriptions and rules of practice recommended by even your most scientific teachers and writers. Any professional procedure, though pursued in precise conformity with such directions, if adopted for *no other reason* than that such is the rule and such the prescription, is, nevertheless, empirical. Such procedure, whether right or wrong, will indeed be lawful, but, whether right or wrong, is far from being philosophical; it is but imitating an act done by others and for no other reason than that others had so acted. Lord Coke, speaking of the lawyer, says in his quaint way that it may be known for a certainty that "he knoweth not the law who knoweth not *the reason thereof.*" So the physician who prescribes in conformity with the rule, but without understanding "the reason thereof," is, in the eye of philosophy, as empirical as he who prescribes without knowledge in science, for neither can give a reason for the procedure he adopts.

Indeed, gentlemen, it is becoming patent to common observation that non-conformity to this requirement of your profession is the prolific source of scientific pedantry and dogmatic hypotheses. The Tyro, opening his eyes, almost for the first time, upon the wide world of professional science, catches a glimpse, confused and confined, of objects immediately about him; and these appearing before him all at his own level, he straightway fancies himself at the summit. And instead of learning to content himself with the modest garb of a disciple of Science, forthwith assumes the purple toga as its dictator.

Science and Philosophy are, to many minds, not only high sounding, but also wide and loose-meaning phrases. For greater perspicuity, therefore, in the present behalf, it seems necessary to settle their just and appropriate signification. And I consider the true definition of Science to be, *knowledge reduced to order.* The mere attainment of heterogeneous knowledge, however vast and accurate, is no more to be regarded as Science than is the unwashed and gold to be regarded as coin. The condensing and purifying crucible, the stamp and dye of the mint must first reduce the golden dust to form and order before its denomination can be given and its standard value fixed. The miscellaneous collection of amorphous facts however numerous and well determined, do not constitute a Science any more than do the scattered blocks of unhewn marble constitute a temple. The sharp attrition of refined experiment must first give shape and polish to those unhewn blocks; the line and level of Truth must fix their exact *relative* position; the plastic hand of Order must adjust the combined proportions before the admiring architect can say "'tis finished."

So in relation to attainments in Science, it may be well said that

> "Those rules of old, *discovered*, not *devised*,
> Are *Nature* still, but *Nature methodised*."

It is knowledge reduced to order, therefore, *Science*. And now what is *Art?* *Art is Science reduced to practice*, and this procedure as in the case of the "Healing Art," involves the employment of the most substantial philosophy. And now again, what is Philosophy? I know of no better verbal equivalent than this—*Philosophy is sound common sense, well-informed, and thoroughly disciplined.* This is the crucible wherein the unwashed gold of scientific facts is to be tried and purified—this the mint whence it is to be coined and stamped. A principle of science when thus determined, becomes, when applied, a rule of Art. Art, therefore, implies and pre-supposes scientific knowledge as its precursor and predicate. Hence, while Science is the source and sensorium of Art, Art is the right hand of Science. Science has Art for its exponent and interpreter; and Art has Science for its tutor and its guide; but mark ye, this philosophy above mentioned must be the torch-bearer along their pathway. Science and Art thus commingled, thus employed, thus escorted, become *Philosophy made visible!* It is to this philosophy that stops not at the mere rules of masters, but explores the reasons upon which they rest, that reacheth within the veil of scientific causes, that the claims of the age demand that you be steadfastly true. And without this, permit me to assure you that the medical man, however great his accumulation of facts, will be unskillful in their application; like a purblind Argus he will be all eyes and no sight—a rheumatic Briareus, with many hands, and powerless to use them!

In the application of the inductive philosophy to medical science, I deem it important that you should be fully apprised of the ever-recurring danger, of predicating professional opinion, and practical action, upon what may, indeed, be *facts*, but which remain before your minds as *isolated* facts; that you should be continually guarded against the continual temptation to proceed upon the faith of facts, not classified, not yet generalized. This is leaping to conclusions, but it is leaping in the dark; because facts, not generalized, not "reduced to order," can not, in any manner, nor by any means, establish the existence of a scientific law. The homely proverb, that "*one* swallow does not make a summer," is not more emphatically true, than that a *single* fact does not establish a law. The single swallow may herald the approach of, but does not bring the summer; so, the single fact may indicate, but does not demonstrate the law. Inattention to this is what mounts the scientific tyro, guided by a single fact, and of course possessed of but one idea, upon some long-eared hobby, whose asinine vagaries, and intractable eccentricities, will carry him far astray; and, even if finally rejected, like all lawless cattle, will return only to vex the person by whom it was so unwisely bestrode. Remember, then, that the single fact is where induction begins; while the demonstration of the law, in relation to that fact, is where induction ends; and, between this beginning, and this ending, may lie a whole archipelago of facts, each isolated, by itself; while the relations of all must be grouped into systems, in making our way, from one to another, on toward the mainland of truth. By the grouping together of different facts, are inferred their mutual relations; and these *relations of things, are the laws we seek.* And, certainly, a single isolated fact can no more demonstrate relations, than a single numerical unit can demonstrate numerical combinations. * * * * *

In glancing along the line of march, pursued by the science of medicine, from its earlier periods to the present time, the suggestion may occur to some minds, that in its journey it has made so many lawless meanderings, departed into divergences so wide, pursued courses so perverse, and counter-marchings so tortuous, as to deprive it of all pretensions to the dignity of a "science"—to rob it of all claims of being "knowledge reduced to order." And it is verily true that in making its exodus from the Egyptian bondage of primitive superstition, when going out from under the yoke of its ignorant task-masters, who had ever demanded of it, "bricks without straw"—physiology without dissection, pathology without autopsy—it has been subjected to protracted wanderings in the wilderness of doubt. True, it has encountered in its course, enemies threatening its overthrow beneath the impending billows of speculative disputation on either hand, while the mail-clad hosts of bigotry pursued furiously in the rear. True, it has been weakened by popular murmurings, and idolatrous corruptions among its followers, many of whom have discontentedly lapsed from their allegiance, and prostrated themselves in debasing worship before some visionary idol, in the construction of which they did not hesitate to mutilate and deface the brightest jewels of science, in order to mold them into the stolid figure of a *golden* calf! But, through all its wanderings, it has still borne in its midst, the ark of its covenant with everlasting science. It has never been destitute of its high-priesthood, who, with purity of thought, and holiness of purpose, have burned the incense of genius on its altars of learning. It has always had its humble-minded leaders, who, in all the confidence inspired by a holy faith, with the rod of philosophic truth in the hand of scientific skill, boldly smote the frowning Horeb of nature's laws, and bade its healing waters gush!

Such leaders ever have, and such leaders ever will sustain the dignity, and commend the usefulness of your profession, only by their fidelity to the inductive philosophy on which it rests. And remember, gentlemen, that this philosophy pays no respect to the apotheosis of error, and contumaciously scouts the servile sentiment mentioned by Cicero as prevalent among the ancient schools, "that they would rather be in error with their great master, Plato, than to be correct with any one else."

In conclusion, gentlemen, you have chosen a profession, which, while it brings you emolument and fame, lays you under the most momentous responsibilities. To your care are to be confided the lives of the admired and renowned, of the beautiful and the beloved. The pride of families, the guardians of age, and the protectors of infancy, in fine, "all that is hoped, and all that is feared by man," are to be entrusted to your watchful care, and professional skill. Wherever anguish and agony are, your place is to be there. You may be called to dare danger and death in positions where heroes, whose heated blood might fearlessly face all the artillery of earth, would cower and turn pale in mortal fear. Around you the poisoned arrows of death will be thickly flying, over you the death-brooding wings of infection will ever be flapping—but your courage must not fail. You will be summoned to walk side by side, in fearful proximity, with the "pestilence that walketh in darkness, and the scourge that wasteth at noon-day;" but your hearts must not faint, your souls must not falter. To disregard such calls, is treachery to your profession; to disobey them, is high treason against *humanity.*

Finally, gentlemen, I solemnly charge you, in the name of our common humanity, in the name of the philanthropic genius of the age, whose claims I am here to present, that, as you honor your profession, as you love your God, and hope for Heaven, ye turn not a deaf ear to the supplications of the poor. In speechless agony they will turn to you for sympathy and aid, crying with the voice of the soul, "*save, or we perish!*" And though they have naught but blessings and gratitude to bestow, yet even they fall upon the human heart as dew-drops on the withering rose-leaf, waking it anew to beauty and to fragrance. Such gifts come as a boon to the soul, more precious than all the gold of "Orphus, or of Ind," an incense sweeter far than ever rose from Arabic perfume; and, with your names borne on its fragrant wreaths, may find its upward way, with glad acceptance before the Eternal Mercy Seat, and crystalize into jewels of unfading splendor, around the throne of the great I AM. Keep, it therefore, as the maxim of your minds, that "The drying up a single tear, has more of honest fame, than shedding seas of gore." Then go, and be the physician of them whom medicine can not cure, and the comforter of those whom time can not console.

MISCELLANY.

PROFESSOR A. JACKSON HOWE—TESTIMONIAL.

At a meeting of the students of The Eclectic College of Medicine, held on the 5th day of February, 1857, the following preamble and resolutions were unanimously adopted:

Whereas, Professor Burnham has been prevented by physical inability, from delivering the course of lectures on Operative Surgery, in our College; and, *whereas*, Professor A. J. Howe has, at our request, cheerfully and ably filled the chair thus made vacant, therefore—

Resolved, That while we regret that Professor Burnham's ill health has prevented him from meeting us, we feel that the subject has received ample justice at the hands of Professor Howe; and we most cordially unite in tendering to him this testimonial of our satisfaction and gratitude.

Resolved, That as a teacher, we consider him entitled to the highest encomiums of the class, while his gentlemanly conduct, and amiable deportment, entitle him to their highest considerations of respect.

Resolved, That these resolutions bepublished in The College Journal.

F. M. TATE, *Chairman.*

J. W. Lee, *Secretary.*

THE PROFESSOR OF CHEMISTRY.

We are pleased to announce that the Trustees of The Eclectic College of Medicine have secured the services of C. D. Lewis, M. D., for the Chair of Chemistry.

Prof. Lewis will reside in the city, and devote his entire energies to the advancement of his branch of the profession; and from his well known talent and attainments, and his untiring perseverance, we have every assurance that he will fill his chair to the entire satisfaction of his colleagues and pupils.

UNION ECLECTIC MEDICAL SOCIETY.

UNDER the above name the liberal physicians of Clermont county, and vicinity, have organized themselves, with the intention, by union of effort, and individual labor, of doing what lies in their power for the advancement of the profession, and the promotion of good-fellowship.

At the last meeting of this society, a Committee on Surgery, Obstetrics, and Medical Practice, were appointed, who are to report at a future meeting. Prof. Wm. Sherwood, of this city, delivered an address, upon the "*Mission of the Physician.*" We hope to be able to publish full reports of subsequent meetings of this society.

LIBEL CASE.

DR. O'NEIL, of Baltimore, Md., not long since sued a Mr. Jeffries, for slander, and during the trial the following facts were developed:

Mr. Jeffries had met with a severe railroad accident, by which both legs were fractured; and he employed Dr. O'Neil to attend him. After five or six weeks, Mr. J. became dissatisfied with, and dismissed Dr. O'Neil, and finally published a card in the papers, charging him with ignorance, and dishonesty, on the ground that the limbs had not been fractured. After a long and thorough investigation, the jury awarded Dr. O'Neil *ten thousand dollars* damage for the attempted injury to his moral and professional character.

GEOLOGY OF THE PACIFIC, AND OTHER REGIONS.

JAMES D. DANA, Geologist of the United States Exploring Expedition, under C. Wilkes, in the years 1838—42, proposes to re-print the Government Report, in a quarto volume of 750 pages, illustrated with several maps, and numerous wood cuts, and an Atlas of twenty-one plates. The price to subscribers will be $12—payable on delivery. Subscribers' names may be sent to the publisher of the *Journal.*

CONCENTRATED MEDICINES.

WE recently met a statement, to which we wish to direct the attention of Mr. Jacob S. Merrell, of St. Louis, Mo., Messrs. W. S. Merrell & Co., and F. D. Hill & Co., of this city, Prof. Kost, Bush & Co., of Worcester, Mass., as well as the Faculty of the Reform Medical College at Macon, Georgia, and others, who take an interest in either the manufacture or use of concentrated medicines. The statement is in the following language:

"Messrs. Keith & Co., of New York, long stood nearly alone in the manufacture of these agents, *and in fact*, with the exception of Mr. T. C. Thorp, of this city, *so stand until the present time.* Mr. Thorp, as yet, does not manufacture all the agents which we get from Keith's laboratory, in New York, *and it is only recently that he seems to have endeavored to get up the articles*, which he manufactures in the best form."

We charge nothing for this advertisement.

PERCUSSION CAPS, PINS, ETC.

In a recent letter from Prof. L. C. Dolly, he says:

"A short time since, the child of a physician here was poisoned by swallowing, without the knowledge of the parent, 'percussion caps.' The cause of the sickness of the child was not known until it vomited two of the caps. The copper and the fulminate of mercury were both dissolved, to a great extent, by the fluids of the stomach, and produced their specific effect, sufficiently to cause death in about twenty hours after they were swallowed.

"The father of the child, also said, in the morning of the same day the percussion caps were swallowed, another child swallowed a *brass shawl-pin, three inches in length*, upon one end of which was a large flattened head. Antidotes for the brass, and oil were administered, and the pin passed from the child the next day, leaving the child well.

"I am acquainted with a case of an infant, which, when only six months old, swallowed an *eight-penny nail.* It remained in the intestinal canal about five months, and finally it was expelled, leaving the child unharmed."

TINCTURE OF IODINE—SMALL POX.

Dr. T. E. St. Johns, of Prairie du Chien, Wisconsin, writes that he has applied the Tincture of Iodine, to prevent pitting, in a number of cases of small pox under his care, and he has found it to answer the purpose admirably.

NEW MODE OF ADVERTISING.

A certain medical man in this city who has long been notorious for self-puffing by paying local editors for inserting laudatory notices of himself, has recently hit upon a cheaper method. He has his clerk to write to various newspapers throughout the country under the name of "Coupon," and perhaps other signatures, as a Cincinnati Correspondent. This affords him a fine opportunity to puff himself and vilify others, noticing, occasionally, the great Dr. ——, as one of the lions of Cincinnati, and making false statements in regard to those he desires to injure. Thus he is able to advertise without cost, and in fact, in some instances, as we can prove, the articles are actually paid for. We could give the name of this doctor, but do not choose to give him the advantage of an advertisement in *The College Journal.*

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ORIGINAL CONTRIBUTIONS.

[Continued from page 113.]

ARE THE MERCURIALS ANTI-SYPHILITICS?

BY PROF. CLEAVELAND.

The foregoing statements of those who have tested the curability of syphilis without mercury, although by no means *all* that has been recorded, it is supposed will be considered sufficient to convince the most sceptical that syphilis *can* be cured by simple anti-phlogistic remedies. Indeed, many who are the strongest advocates of the use of mercury have yielded the point, and admit that, although the syphilitic virus is specific in its character, the system, nearly unaided, is often capable of expelling it. Others, who appear incapable of understanding how a specific poison can be removed without the action of a specific agent, have solved the dilemma by denying that there is any specific origin of the disease.

Others again, like Erasmus Wilson, have supposed the disease was to be removed solely by those agents which increase the activity of the natural emunctories of the body, and he says: "At the same time it must be remembered that this kind of excitement is not to be carried too far, or be too long continued, otherwise it becomes a disease and lays the foundation for more serious evils. It would be better for us to do nothing than to do too much.

"The great emunctories of the body are the bowels, the kidneys, the liver, the skin, and the entire extent of the mucous membrane. The bowels require, to increase their activity, the use of gentle aperients; the liver, mercurials; the kidneys, aqueous fluids and alkaline salts; the skin, antimony; and the mucous membrane in general, ipecacuan.

"Nearly the whole of these remedies, separately, form the bases of the various modes of treatment which have been adopted from time to time for the treatment of syphilis; but it is clear that if our purpose be to excite the emunctories, we require not one alone, but all together, or at least an equivalent."

As will be perceived, nearly all the writers who have been quoted have adopted ideas similar to those expressed by Erasmus Wilson, that for the cure of syphilis those measures should be adopted which place the different emunctories in the state of the greatest healthy activity. While all of them have shown that mercury does not expedite the cure, and nearly all who have given statements based on statistics, have shown that it has actually and invariably retarded recovery—they have, many of them, while denying that mercury is a specific by their words or their treatment, virtually denied the existence of *any* specific for the poison.

I have arrived at no such conclusion. After carefully weighing the testimony of both advocates and foes of the use of mercury in syphilis, I have come to the conclusions:

1. That the syphilitic poison tends to change its character while in the system, and that after it has remained a considerable time it is no longer capable of reproducing itself *in the original form.*

2. That as it unites with and pervades every tissue and structure of the body, it is often very difficult to eradicate it entirely.

3. That not unfrequently, when the constitution is strong, and the emunctories active, they are capable of eliminating it from the system unaided by medicine.

4. That eliminative medicines, as used by the advocates of the non-mercurial treatment of the disease, are far more speedy and sure in their cure than an exclusive reliance on mercury.

5. That mercury, when added to otherwise appropriate treatment, often retards the cure.

6. That mercury possesses *none* of the characteristics of a specific, but that when cures have followed its use, it has been simply because the metal being diffused through the system, in the lymphatics, has by its presence stimulated the emunctories, which by their activity have removed the poison from the system.

7. That mercury, according to the recorded testimony of almost the entire profession, is not only incapable of aiding in the cure, but is wholly inadmissible whenever the lymphatic system is in an abnormal condition, as in strumous and other patients.

8. That in any class of cases the use of the mercurials is fraught with so much danger that they should not be resorted to.

For the conclusions at which I have arrived, I do not depend alone on my own experience, although that has been satisfactory and convincing. Although some even, who have discarded the use of the mercurials from their practice in all other classes of disease, do still advocate their use and administer them in syphilis, yet I think it is simply because they have not given the subject the amount of attention and investigation which its importance demands.

That mercurials are *not* anti-syphilitics has been admitted by some of the most observant of the profession. The London Medical Gazette speaks of a paper read by M. Robin (a man who more clearly understands the pathology of the blood perhaps than any other physician) before the Academy of Medicine, Paris, in which he advanced the idea that the mercurials *do not* exert any peculiar mode of action upon syphilitic compounds. He also stated that the researches of M. Vicenti had led him to the same conclusions.

Dr. Drake, in his "Western Journal of Medical and Physical Sciences," vol. 4, pages 545 and 568, published articles both against the idea of the *specific* powers, and the use of mercury in syphilis, and again in 1836 he also expressed the same opinions, and recommended the mode of treatment as well as the views adopted by Drs. Williams, Green, Hennen, Rose, and others.

In 1836, M. Lucas Campronniere, M. D. published a work on the treatment of syphilis as taught him, and practiced by M. Cullerier, chief surgeon to the "Hospital des Veneriens." This work was reviewed in the columns of Dr. Drake's Journal. In the course of the review, the editor took occasion to say: "But notwithstanding his belief in the identity of a specific virus, M. Cullerier is far from yielding *that implicit faith to the specific powers of mercury over it* which such a belief usually begets. There is, he thinks, no more reason to admit the existence of a specific for syphilis than for small-pox, or scarlatina." The editor then quotes:

"Mercury," he remarks, "to which for so long a period the virtues of a *specific* have been ascribed, *is far from possessing* any such marvelous power—a fact demonstrated by daily experience. No, assuredly, we can not cure all syphilitic affections by means of mercury. A specific would be desirable at all times, for physicians who are so situated as to be obliged to prescribe for a great number of syphilitic patients, know very well the difficulties connected with its treatment."

Again the editor quotes from the work of Dr. Lucas Campronniere:

"Mercury given in small doses as specific to the venereal virus, and with a view of annihilating it by chemical or some other operation, *is an* *absurd practice* which can only be adopted by those whose opinions of syphilis are founded upon the vague, confused, and ancient notion of the *specific* qualities of this metal, and of the dangerous consequences that have been lately shown to attend its administration." The talented editor said: "The confidence so commonly attached to mercury as an antidote to syphilis, often renders it extremely difficult to persuade patients to dispense with it in cases where it would be useless or positively detrimental. It is evident that this evil must attend upon the use of any other agent which may be endowed by the professional or popular credulity with specific powers to control the disease."

The editor "fully concurred with the author in believing that mercury administered for the cure of the primary symptoms of syphilis, *tends to protract* their removal.

"A multitude of symptoms," says the Frenchman, "yield to proper treatment in one or two weeks; whereas, if the patients were submitted from the first to the effects of the supposed preservative, though affected with the slightest symptoms, they would remain under treatment at least forty days."

The Medico-Chirurgical Review for October, 1833, in a review of Mr. Wallace's work on syphilis, quoted from him as follows:

"It would seem that the belief in the all-powerful influence of mercury over the progress of venereal disease had naturally led to the conclusion that these diseases could not be controlled unless by the influence of this remedy. From these conjoined opinions, the belief in the paramount efficacy of mercury, and the belief that this remedy was indispensable, the most direful consequences resulted—consequences *vastly more destructive* than those produced by the uncontrolled influence of the venereal poison."

"Although it seems to have been known to many of our predecessors that these opinions were erroneous, their writings on the subject did not obtain that attention which they so highly deserved; and it was left to the researches made in our own times to demonstrate, beyond doubt, that mercury *does not* control, under all circumstances, those states which are produced by the venereal poison; and that the effects of this poison are not necessarily progressive unless controlled by mercury."

The reviewer expresses an opinion in accordance with the most of those who oppose the use of mercury in syphilis.

In 1836, Dr. D. F. Condie, of Philadelphia, published a bibliographical notice of Dr. F. W. Oppenheim's work on the treatment of syphilis. Dr. Oppenheim was connected with the General Hospital of Hamburgh. His work was originally published in 1827. In that notice, Dr. Condie said: "If we place any confidence in the testimony afforded us by many of the older writers as well as by several contemporary writers, it is certain there are numerous other remedies far more manageable and less violent in their operation than mercury, which are equally if not better adapted for the cure of the venereal disease under nearly all circumstances."

Dr. Oppenheim fell into the errors of others; for, from discovering that mercury was not a specific anti-syphilitic, he came to the conclusion that the disease does not owe its existence to a specific poison.

To sustain the idea of the non-specific nature of the disease, he seemed only to think it necessary to prove that mercury did not act as a catharetic to it; and for this he quoted the writings of Dominicus, Leo, Brown, Hornemann, Lery, Lebold, and others, travelers in Fez, Lybia, Numidia, and St. Domingo, as well as the writings of the older physicians, as, Tormitanus, Fracastorious, De Bligny, De Hery, Fernelius, Ramazzini, Van Sweiter, etc.; and among the moderns, Lagneau, and more particularly Vaca-Berlinghieri, Fergusson, Rose, Guthrie, Thompson, Hennen, Hill, Bartlett, Alcock, Somerville, Todd, and others of Great Britain; as well as Rosseau, Stevens, Phiney, Ware, Harris, and others in America; and Lefebre, Richond, Robillier, and Jourdan of France, and Brüninghausen, Fricke, and others of Germany. In the commencement of the article, as above stated, Dr. Condie explicitly accorded with Dr. Oppenheim; and yet the *only* evidence adduced against the specific nature of the origin of the malady, was the vast amount of conclusive evidence *against* the anti-syphilitic power of mercury! a negative kind of proof, entirely unsatisfactory to the present writer.

Dr. Graves recorded his dissent from the anti-syphilitic, specific character of mercury, in his clinical lecture on gonorrhea and syphilis, in the following language:

"Where a patient, laboring under syphilis, has been salivated, without being improved, one of two things must be inferred, either that the mineral has had no effect upon the disease, or that it has had an injurious effect on the constitution. This I have often endeavored to impress on my class. I will venture to say, that I would engage to give a patient, laboring under primary symptoms, any quantity of mercury, without producing a favorable effect on the disease, or doing him any good. I would engage to salivate a man affected with a sore throat, and yet leave him as bad, or even worse than ever. I have witnessed this occurrence over and over again, and have laid it down to myself as a proposition, that venereal may be treated with mercury, to the fullest extent, without being cured."

In 1852, Fred. D. Lente, M. D., who had been a resident surgeon to the New York Hospital, and afterward surgeon of the West Point Foundery, published an article in the *New York Journal of Medicine and the Collateral Sciences*, in which, although his arguments were mainly directed against the use of mercury in *secondary* syphilis, yet he incidentally expressed strong doubts of the specific character of the agent.

He inquired, "What effect has mercury in preventing secondary syphilis? It is a question more easily asked than answered. We are certainly unable to say, that we have ever seen one case rendered proof against secondary syphilis by taking mercury; while we can give several in which secondary symptoms were *originated by mercury*, and a number in which this agent materially aggravated the disease. In this we are not alone, such cases being referred to by Sir Benj. Brodie, Liston, Guthrie, and many other eminent men.

"Indeed we have been struck, on examining the works of the great writers and lecturers on syphilis, with the fact, that the strongest evidence of the inutility and injuriousness of mercury, when used as a preventive, is to be drawn from the recorded experience of those who have practiced its employment.

"We have said, that mercury originates the symptoms usually attributed to secondary syphilis, and aggravates them when they are present; and we now present some examples, not only from our own experience, but from that of the celebrated authorities before alluded to. Sir Benjamin Brodie says, in criticising Mr. Rose's treatment, 'I know, that, in patients treated by mercury, there is a greater chance of disease of the bones, than there was in Mr. Rose's patients, to whom it was not exhibited; and I know that when it is given for liver complaints it may *produce* nodes.' Mr. Liston says, 'Long continuance of a mercurial course predisposes to periostitis; and exposure to cold, while a patient is undergoing that medicine, is a frequent cause of periostitis.'"

Dr. Lente then proceeds to give cases in his own practice, substantiating those views, and certainly they are sufficiently strong to carry conviction to the minds of all unprejudiced readers. After quoting the practice of a surgeon of the United States Navy, who never uses mercury for the cure of primary syphilis, and very rarely sees the secondary form, he continues, by quoting from Sir Charles Bell, in his *Institutes of Surgery;* Mr. Bell says:

"I have often repeated to you, after Mr. Hunter, that mercury will produce scrofula. What then more likely to occur, than that, after the specific action of syphilis is subdued, a *scrofulous diathesis* should supervene, and that you should have a scrofulous gland, rather than a bubo to treat, in the long run."

Dr. Lente sums up his argument as follows:

"We object to the employment of mercury with a view to prevent the occurrence of secondary symptoms, on six grounds.

"*First.* It is not proved, that it *ever* does act as a preventive. Nor can its warmest and wisest advocates explain *how* or *why* it does so act.

"*Secondly.* It *is* proved, and admitted by *all* writers on mercury, and on syphilis, that this agent not only often precipitates and aggravates secondary symptoms, but *actually originates* them, or produces them when the primary symptoms would not have done so.

"*Thirdly.* It is well known that there are constitutions which will not bear the administration of mercury, in any stage of the disease; but in which, this agent, instead of acting as a remedy, is converted into a poison; and it is impossible for the most astute physician to ascertain that such an idiosyncrasy exists until the evil has been consummated."

The three remaining propositions are for the purpose of showing the little danger of secondary attacks, provided the patient has not taken mercury,—that mercury does not prevent secondary attacks,—and that even the most ardent advocates of its use can never tell if they have given enough mercury.

In this city I am informed that Prof. George C. Blackman, whose experience and observation in regard to the treatment of syphilis, renders his opinion of great value, denies, in unequivocal language, that mercury is possessed of any antidotal power over syphilis; and if it ever removes the poison from the system, does so simply by acting on the *eliminative* organs. I am told that he strongly condemns the use of mercury as an anti-syphilitic, preferring the use of other and less dangerous agents.

Dr. Menzies, also a man of large experience in the treatment of these diseases, says, that the simple preparations of mercury are valueless in his hands, and he depends upon the proto-iodide of the metal, as possessing a power which he does not find in the blue mass, or the mild chloride of mercury.

As has been observed, several physicians, who have become convinced that mercurials are not anti-syphilitics, having no idea that any other agents might possess this desired power, and observing that *eliminatives*, or even the unaided forces of the system, were capable of expelling the poison, have denied that the poison which produces syphilis, is of a specific character or origin.

That this notion is simply erroneous may be argued by the parallel fact, that the poison of small-pox, which all are willing to admit is specific in its character, is capable of being eliminated from the system without the aid of any antidotal remedy. I am of the opinion that the disease, in either case, *is* produced by a specific poison, and although we may not know of any agent capable of destroying the virus of the small-pox, that want of knowledge does not by any means change the nature and character of the poison. But *we have* a knowledge of true and genuine anti-syphilitics, and it is well for the profession to discriminate between the *real* and the supposed anti-syphilitics.

When syphilis first appeared in Europe, it was of so violent a nature, that it is said to have, in the course of a few years, destroyed one-tenth of the inhabitants in all cities and hamlets. The anti-phlogistic mode of treating syphilis was naturally the one first resorted to, and as early as in 1496, it was taught by Sebastian Brant and Conrad Gillinus, who said, "*Cura hujus œgritudinis tribus completur instrumentis. Primo, regimine et nutritiva, h. e. diœta; Secundo, phlebotomia et purgatione; tertio, balneatione in decocto herbarum emollientum et inunctione portium cum linimento attenuante et incidente.*" But as yet the nature of the malady was but little understood, and the success of the profession but little satisfactory. Hence the physicians resorted to all manner of empirical and other treatment; and whenever a patient became well, after the disease, it was supposed that some article he had taken as a medicine must be the much sought for specific. Guaiac wood, sarsaparilla, mezereon, iris, phytollacca, kalmia, and many other vegetable preparations, as well as nearly all the minerals in use as medicines, have at one or another time been lauded as anti-syphilitics. Mercury was first recommended by Berangarius Carpensis, or by John De Vigo: but still those to whom it was given, although the remedy was alleged to be a *sovereign specific*, did not always recover—and the more observant of the profession sought other remedial means.

Gold was early recommended; and Paracelsus, Horst, and Poterius spoke strongly in favor of it. But, for some cause, it passed out of notice, probably because, like certain gold pills, the preparations which were said to contain gold, had none of the metal in them. About the year 1810, Chrestien again called the attention of the profession to its merits. Niel, Lallemand, and Dr. Alfort of Sweden, uniting in its favor, it soon once more was tried, either in the metallic form, or in some of its salts.

The experiments instituted by Chrestien, Cullerier, Mitchel, Niel, Lallemand, Wedner, Alfort, Legrand, Allibert and others, tend strongly to prove, that although somewhat slow in its action on the economy, the metallic gold is a positive and safe anti-syphilitic.

Alexander Legrand's work was reviewed in 1829, by J. Bennett, and in that review, Mr. Bennet said Legrand endeavored to prove Broussais in error, in rejecting the idea of the specific character of the syphilitic virus. But the main object of the publication of Legrand's book was to prove the very great value of the preparations of *gold* as genuine and efficient anti-syphilitic agents.

He proved, by reference to *two hundred and thirty* cases which he had treated, and by many others verified by other eminent practitioners, residing in most of the countries of Europe, that *gold radically cures recent and inveterate syphilis.* He went further, and proved that mercury oftentimes does not in any degree mitigate the disease, and he gave *one hundred and fifty* cases of cures performed by the gold, where mercury had previously failed. In the last chapter of this work, Legrand endeavored to show, and his evidence appears conclusive, "that a man, or a woman, who has had the misfortune to be tainted with syphilis, once cured with *gold*, may marry with perfect security to the offspring."

In the *Lancet*, for January 18, 1824, a quotation is made from *Graffe and Walther's Journal*, in which it is stated that Lallemand used the *muriate of gold and soda*, by rubbing from a fifteenth to the sixth part of a grain upon the tongue, the gums, and the inside of the mouth. "Six or eight applications generally effect a cure." The same paper also states that Dr. Alfort, a Swedish physician of eminence, cured his patients of chancres and buboes, by the internal use of this preparation of gold and soda.

The chloride of gold, as prepared by the method recommended by Magendie, was adopted in the French "*Codex*," as being superior to that of Wendt. This is considered the most active of the auriferous preparations. Petrequin and Chavannes used this preparation, and in the publications of the latter it is highly lauded. The combination of gold with chlorinated soda, has been adopted in the Pharmacopœias of Prussia, of Sweden, and Ferarra. It is more frequently prescribed in Germany than the other preparations. The cyanuret of gold, prepared by Figuin, of Montpelier, was strongly recommended as an anti-syphilitic by Pourche. Alexander Legrand, of Amiens, published a work in which his main object was to aid in introducing Dr. Chrestien's preparations of gold for the treatment of syphilis. I shall have occasion again to refer to an article on this work by J. Bennet, and published in the *Lancet* for January, 1829.

So long ago as about 1815, or 1816, Dr. S. L. Mitchell, of New York, lauded quite highly an Inaugural Address, published by Dr. Francis, on the use of gold as an anti-syphilitic. As I have been unable to obtain that address, I only know that both Dr. Mitchell and Dr. Francis were of the opinion that mercury is *not*, and that gold *is* an anti-syphilitic.

A reference to this address was made in the *Maryland Medical Recorder* for January, 1852, in an article, speaking of the Report of M. Magendie, to the Royal Academy of Science at Paris, May 16th, 1831. This Report of Magendie was on a work published by M. Legrand, which had been published several years previously, but only then had been brought to the notice of the Academy. M. Magendie spoke very favorably of the work, which was a fair sized octavo volume, and contained very numerous cases, showing both the value of gold as an anti-syphilitic, and the danger of the use of mercury in similar cases.

Magendie said that Legrand's work had fully established the fact that gold acts favorably on the digestive organs, without weakening the patient, and at the same time produced an exhilaration of spirits.

Many other medicines have, from time to time, been used, with strong evidence proving them to be true and genuine anti-syphilitics. Almost every one who is acquainted with the literature of the profession on this department of therapeutics, is aware that the most strenuous advocates of mercury admit that there are many forms of the disease as well as many conditions of the system, where their favorite agent can not be used without great and immediate danger.

Under those circumstances the majority of practitioners, doubtless, resort to the *iodide of potassium*, and with good reason. But it may well be asked, if the iodide of potassium may be relied on in those cases where the whole system is seriously affected with the poison, or where the powers of the system are so far reduced that the mercurials would prove dangerous, why may we not also rely on this agent, where the amount of the poison is less, and the vitality more vigorous, and the system in a more normal state.

Ricord has repeatedly said, that as the virus acts upon the system, in what he calls the *secondary*, and especially the *tertiary* forms, "no remedy appears to be so uniformly and so potentially useful as the hydriodate of potash." In almost all cases of syphilis affecting the periosteum and bone, he trusts to the iodide of potassium. For the *secondary* symptoms, M. Ricord sometimes uses the *proto-ioduret of iron.*

In numerous instances where the ordinary methods of treatment had been ineffectually tried, the constitution seemed to rally quickly under the use of this preparation of steel, and the local disease at the same time began to assume a healthy action. "Repeatedly have we seen," says M. Ricord, "old extensive ulcers of the throat, which had long resisted all the usual topical applications and internal medicines, rapidly change their aspect under the influence of the *proto-ioduret*, and within a very short time, heal and cicatrize. In many patients affected with caries of the bones of the face, cranium, and extremities, the process of separation of the diseased from the healthy parts has been surprisingly quickened, and the general health has at the same time been materially improved by its use."

Another set of symptoms, which has been much benefited by the use of the proto-ioduret, deserves to be especially noticed. We allude to old tedious discharges from the vagina and urethra, occurring in persons of enfeebled lymphatic constitutions. The dose which M. Ricord recommends, is six grains during twenty-four hours at first; this is to be gradually increased to half a drachm or two scruples. Besides the internal administration of the ioduret, its external use, as an injection, has been extensively adopted by M. Ricord in cases of obstinate gleet. The strength of the solution is usually half a drachm to eight ounces of water: in a few cases the quantity of the ioduret has been raised to two drachms.

M. Baumes, head surgeon of the hospital at Lyons, has used this ferruginous preparation with most satisfactory results in the treatment of old and obstinate syphilitic ulcers, especially when the state of the system of the patient was at the same time feeble and scrofulous. He administered it in the form of pills with Thebaic extract, increasing the dose of the ioduret from two or three to twelve or twenty grains in the course of twenty-four hours. Along with the cicatrization of the sores, the improvement of the general health was most remarkable; the appetite improved, the muscular strength increased, and the complexion acquired the florid hue of vigorous health. The salt, no doubt, is taken into the circulation, and acts on the blood itself, as well as on the capillary vessels in every part of the body.

The *perchloride of iron* has also been used, and some experiments made by *M. Rodet*, as detailed in the *Gazette Hebdom.*, for January, 1855, and in THE COLLEGE JOURNAL, for February, 1856, as well as the numerous experiments, and the practice of a large number of physicians in America, in my opinion prove conclusively that this preparation of iron is possessed of anti-syphilitic powers of great value.

In those experiments M. Rodet tested the anti-syphilitic power of the perchloride of iron by applying it to the chancre. The simple perchloride did not prove of any power, but when he combined the iron salt with some citric, or muriatic acid, he proved conclusively, that the preparation would neutralize and destroy the virus, whenever it came in contact with it. After many experiments, he found he could make a preparation, by the following combination, possessing all the requisite properties:

℞. Distilled water, one ounce and 1½ drachms.
Perchloride of iron,
Citric acid,
Hydrochloric acid, of each 1 drachm. Mix.

Or, the citric acid may be omitted, and the hydrochloric acid augmented by one-third.

The mixture is to be applied by putting it directly on the part where the virus is lodged, and allowing it to remain for about fifteen minutes. If removed too soon the decomposition and destruction of the virus may not be complete. When a chancre is already formed, charpie, or lint should be soaked in the mixture, and left on the sore for an hour or more. It will not be productive of injury if allowed to remain twenty-four hours even. When the chancre has proceeded so far as to secrete pus freely, M. Rodet found it necessary to cauterize the part with the solid nitrate of silver. He also found this preparation of iron useful in simple ulcer, when the surface did not secrete much.

The conclusion he arrived at, after repeated applications of the liquid to inoculated syphilis, and that obtained in the natural way, was, that the syphilitic virus is completely neutralized by the mixture; and the hope was expressed that the virus of small-pox would be so acted upon by it, as to prevent the sloughing of the dermoid tissue, and disfiguration of the countenance; and, also, the query was propounded as to the possibility of destroying the specific poison of hydrophobia as well as that of syphilis.

In the latter part of the last century, Mr. Cline used the *muriated tincture of iron* in nausea resulting from retention of urine, which was caused by stricture, following disease of the urino-genital organs. After Mr. Cline, it was also used by Mr. Collins, and by Drs. Thomas, Eberle, Francis, Davy, and Pereira, with satisfactory results. These physicians, however, depended on its internal administration. The writer of these remarks has often used it internally, in conjunction, or alternating with other anti-syphilitics, and he has come to the conclusion, that in it, as well as in the preparations of gold, we have a specific antidote for the virus of syphilis.

Many physicians, who have been taught the use of the muriated tincture of iron, by Prof. John King, in syphilis, have considered it a specific anti-syphilitic, whether applied locally to the chancre, or taken internally when the general system had become influenced by the poison. In a recent article Prof. King stated, as the result of his experiments and observations, that he "believed it to produce a perfect neutralization of the virus." * * * "As a local application to open chancre, I know of no better agent than the tincture of muriate of iron, which must contain sufficient muriatic acid to enable it to mix with water, without giving any deposit on standing twenty-four hours; and which deposit may be prevented from occurring, in the tincture of the shops, by the addition of a sufficient amount of the muriatic acid. This application has not only been efficacious in my own practice, for some sixteen or seventeen years past, but likewise in that of several other practitioners, who have made use of it on my recommendation, among whom are some of my colleagues."

M. Robin requested M. Vicenti to experiment with the *bichromate of Potassa*, in the treatment of these cases; and the summary of the results obtained were stated as follows:

"1. That the bichromate of potassa possesses, most undoubtedly, anti-syphilitic properties, more active, and more energetic than any mercurial preparation.

"2. That in the three cases in which it was administered, no ill effects followed. The nausea excited was easily allayed by opium.

"3. That being soluble, the bichromate is rapidly taken into the system.

"4. That the bichromate of potassa may advantageously take the place of the mercurials in the treatment of syphilis."

As has been remarked, there have been many *plants*, or preparations from plants, used for the cure of syphilis, some of which, after having been lauded highly, have finally fallen into disrepute, as at the best, being simply *eliminative* of the poison. But there are others which are still in use by men of intelligence and experience, who entertain no doubt of their anti-syphilitic properties.

The *Kalmia angustifolia* has, perhaps, maintained its reputation better than most others in this region. It is sometimes given in conjunction with elimination, as recommended as follows by Prof. King:

"Perhaps it may not be out of place to remark here, that I consider both varieties of the sheep laurel (*Kalmia angustifolia and Kalmia latifolia*), most efficient agents in primary syphilis, acting promptly and permanently; and the preparation most commonly exhibited by me internally, is the following:

℞. Compound Syrup of Stillingia.
Saturated Tincture of Poke root.
Saturated Tincture of Sheep Laurel, āā f℥iv. Mix.

The dose varies from a teaspoonful to half a tablespoonful three times a day, according to the effects of the laurel upon the system."

I have preferred the single tincture of the Kalmia, uncombined with other agents.

In the Southern States, there are several plants which are esteemed anti-syphilitics by physicians who use them, and probably those opinions are correct; but as my object is *not* to write a treatise on this class of agents, I shall not occupy space in repeating what has been said of them.

With these well established facts before us, proving—

1st. That the mercurials *are not* anti-syphilitics. That all the influence they exert over the syphilitic poison, is that of *eliminatives* only. That they often retard the cure, and not seldom produce great and sometimes fatally injurious results.

2d. That other, well known agents, *are* anti-syphilitics. That they greatly facilitate the cure. That they are not liable, when properly administered, to produce either immediately or remotely, any injury to the system. And,

3d. That notwithstanding so much has been established, by the most indisputable evidence, the great majority of the profession still entertain the notion, that the mercurials are the only anti-syphilitic agents:— I have thought it well to endeavor, by means of a part of the evidence in my possession, to solve the question with which this paper commences; and if I fail of inducing some to change their opinions at once, I hope at least to cause them to reflect a little upon a matter of great importance to the welfare of the community, and the profession; and perhaps be somewhat instrumental in extending the use of a more rational, speedy, and safe mode of treating syphilis than has heretofore obtained with the great body of American practitioners.

[Translated from the French by Dr. SAM'L L. BIGELOW.]

RESEARCHES ON VESICAL CALCULI, AND THEIR MICRO-CHEMICAL ANALYSIS.

[Continued from page 119, March Number.

CHAPTER I.

COMPOSITION OF VESICAL CALCULI.

VESICAL CALCULI are partly derived from the principal substances which exist in urine as its normal constituents. In consequence of an increase of one or several of these, or from the action of some cause unknown to us, these bodies are deposited in crystaline forms, which combine together, forming one or several nuclei; these may remain very small, being discharged with the urine, as gravel; or, as is frequently the case, they become the starting points of stone, increasing in size by the more or less rapid deposition of other crystals, of similar or different kinds upon them. The substances which healthy urine contains, have been arranged in accordance with its present imperfect analysis, as follows:

Urea,	5
Uric Acid,	4
Creatinine,	6
Chlorine,	10
Sulphuric Acid,	9
Phosphoric Acid,	11–13
Lime,	12
Coloring Matter,	7
Hippuric Acid,	8
Mucus,	3
Magnesia,	11
Chloride of Soda,	10–13
Phosphate of Soda,	13

Among these substances, there are some which never enter into the formation of vesical calculi, on account of their great solubility in the water which comprises so large a part of the urine; as, for instance, creatinine, and hippuric acid, which exist in very minute quantity in the urine of man, although very abundant in that of the horse. Among the others, there are but two which enter into their formation without being previously combined by a chemico-vital action, and these are, mucus and coloring matter; urea, for example, is never found with them, although calculi composed of uric acid and its compounds are met with more frequently than any others. Magnesia is found combined with uric acid, forming the urate of magnesia; with ammonia and phosphoric acid, as the double phosphate; and more seldom with carbonic acid, forming a carbonate of magnesia, etc. Lime is present under several forms; frequently, as the acid phosphate, the same as it exists in the urine, and also, but rarely, as the neutral phosphate. Its combination with carbonic acid is met with less often, and with uric acid still more seldom ; but very frequently with oxalic acid, which may be present in considerable quantity, without the urine being in a pathological condition.

On the other hand, substances are very often present in vesical calculi, which are never met with in the physiological urine, such as iron, of which traces only are found, cystine, which rarely forms, of itself, an entire stone, xanthic oxide, silica, etc.

The importance of these facts, in a physiological point of view, is very evident, notwithstanding the constant changes which are affected in the composition of healthy urine by the various kinds of food taken into the stomach. We know that the urine of herbiverous animals is always alkaline, containing large quantities of carbonate of lime and magnesia, while, on the contrary, the urine of carnivorous animals is acid, containing very little carbonate and much uric acid. The urine of a dog fed upon sugar exclusively, contains a great amount of carbonate, on account of the excess of carbonic acid which is not passed off by the lungs ; the urine of a rabbit fed on nitrogenous substances contains uric acid. All these examples are so many facts which greatly serve to aid us in our physiological investigations concerning the composition and foundation of urinary calculi. They are facts which do not detract from the importance of our considerations upon the difference between the constituents of healthy urine—of those which are, so to speak, perverted by the use of food improper to the species, and of those which enter into the formation of vesical calculi ; on the contrary, they furnish us with valuable indications in our etiological, prophylactic, and curative investigations of those diatheses whose consequences are so frequently grievous.

SUBSTANCES WHICH ENTER INTO THE FORMATION OF CALCULI.

Calculous substances may be arranged into two great classes, organic and inorganic ; we may even add a third which consists of the vital union with the first two, as, for instance uric acid united to an earthy base, as potassa, lime, etc., forming an urate bearing the name of the base. By organic substances, we mean those which can not be further reduced without converting them into inorganic, or rather ultimate elements. In calculi there exists simple substances, but they are so rare as to require but little notice. These several substances differ from each other, although their resemblance may be such as to deceive us by simple sight. We must regard all things which are not evidently alike, as being different from each other, else we would be like the chemist who affirms that silver and platinum are the same metal because they present no great differences at first sight and resemble each other in color.

Calculous substances may be compared to those of organized bodies, to tumors, etc. For a long time it has been known what was a muscle, what was a nerve, etc., it is only recently that we have learned what is a cell, a muscular fibre, etc., or that, in generalising these studies, we have greatly extended our knowledge of physiology, minute anatomy, etc., and in describing the analyses of calculous bodies, I will in like manner, present them reduced to their terminal phases. The substances which have thus far been found either alone or in combination are

1. Uric Acid.
2. Urate of Ammonia.
3. Urate of Lime.
4. Urate of Potassa.
5. Urate of Soda.
6. Urate of Magnesia.
7. Xanthic Oxide.
8. Ammonio-Magnesian Phosphate.
9. Phosphate of Lime.
10. Cystine.
11. Animal matters.
12. Oxalate of Lime.
13. Carbonate of Lime.
14. Carbonate of Magnesia.
15. Silica.
16. Oxide of Iron.
17. Benzoate of Ammonia.
18. Oxalate of Ammonia.
19. Phosphate of Iron.
20. Mica.
21. Hydrochlorate of Ammonia.
22. Urea.

Several of these substances are constantly found in the urine, while others are met with only in the pathological conditions of this excretion. There are also those which never form the principal part of a calculus, but which are only found in more or less considerable traces, as the preparations of iron, which are so frequently present in minute quantity in the uric acid calculi. Silica has likewise been found, but very rarely, and then in minute trace. A calculus composed wholly of this substance has been cited, I have never seen one; although the label upon a calculus in Dupuytren's museum, would lead one to suppose that it is among this collection, but its analysis has proven the error. Carbonate of lime is rarely present, even in trace; occasionally, however, it forms the principal part of a stone. There are others which are seldom found either in trace, or as a principal part, as, Xanthic oxide. This body is either extremely rare, or has such a resemblance to uric acid as to be frequently confounded with it. Without entering into further details, we will observe, in speaking of their combinations, which are the more important substances according to their frequency and their quantitative proportions in calculi.

COMBINATION OF SUBSTANCES WHICH ENTER INTO THE FORMATION OF VESICAL CALCULI.

Statistical knowledge is truth, therefore it is had recourse to in order to verify scientific facts. With this idea, I will make known the results of several hundred analyses made by myself while in Paris, and by others in France and other countries, instead of making mere assertions; from which a comparison of the ordinary combinations of the constituents of vesical calculi may be readily instituted. From over two hundred micro-chemical analyses of these substances, indiscriminately taken, some being from Dupuytreu's museum, made with M. Smith, I have formed the following table —

SUBSTANCES.	PER CENT.
Pure Uric Acid,	27
do. with traces of Urate of Ammonia,	12
do. with 20 to 75 per cent of Urate of Ammonia,	14
do. with traces of Urate of Magnesia,	3
do. with traces of Urate of Soda,	7
do. with 5 per cent of Urate of Soda,	1
do. with traces of Urate of Potassa,	4
do. with 25 per cent of Animal Matters,	1
do. with traces of Lime,	15
do. with Oxalate of Lime, 25 per cent,	1
do. with Carbonate of Lime, 5 per cent,	2
do. with double Phosphate, traces,	6
do. do. do. 75 per cent,	1
do. with Phosphate of Lime, traces,	15
do. with Oxide of Iron,	4
Total,	113

This will make more than half, in which uric acid enters either pure, as a material element, or in a considerable quantity combined with other substances. Among these one hundred and thirteen were those holding in combination;

With Uric acid:	Urate of Ammonia,	5
	Oxalate of Lime and Carbonate of Lime,	
Uric acid:	Urate of Ammonia,	4
	Oxalate of Lime,	
Uric acid:	Urate of Ammonia,	11
	Oxide of Iron,	
Uric acid:	Urate of Ammonia,	8
	Double Phosphate,	
	Phosphate of Lime,	
Uraic acid:	Urate of Lime,	6
	Phosphate of Lime,	
	Double Phosphate,	
Uric acid:	Urate of Soda,	2
	do. Potassa,	
	do. Lime,	
		36

URATES.

Pure Urate of Magnesia,	2
do. do. intimately mixed with Phosphate of Lime and double Phosphate,	1
Pure Urate of Ammonia,	1
do. do. with Oxalate of Lime, deposited together,	1
	5

OXALATE OF LIME.

Pure Oxalate of Lime,	4
Oxalate of Lime with traces of Urate of Ammonia, Urate of Magnesia, Phosphate of Lime and double Phosphate,	11
	15

CYSTINE.

Pure Cystine,	1

PHOSPHATE OF LIME AND DOUBLE PHOSPHATE.

Pure Phosphate of Lime,	6
Pure double Phosphate,	4
Phosphate of Lime from 75 to 95 per cent with double Phosphate and Carbonate of Lime,	9
Double Phosphate from 75 to 95 per cent with Phosphate and Carbonate of Lime,	10
Phosphate of Lime from 30 to 60 per cent with double Phosphate and Carbonate of Lime	10
Double Phosphate from 30 to 60 per cent with Phosphate and Carbonate of Lime,	8
	47
Combination of these same substances to form the external layer of Uric Acid calculi, of Urates and Oxalate of Lime,	51
Combination of these substances to form the concentric layers	11
Total,	109

Among these 109 calculi, in the formation of which were found these two Phosphates, there were those which contained at least 5 per cent of Carbonate of Lime,	13
20 do. do. do.	1
75 do. do. do.	1
Traces of Urates,	6

NUCLEI.

Among these calculi 100 were furnished with true nuclei, composed of foreign bodies, on which were formed the stony concretions. These nuclei were all formed of substances differing from those which formed the body of the calculi. Strictly speaking, their number could be considerably increased; I have reduced them, according to my own ideas, by excluding three categories of calculi:—

1st. Those which are formed in concentric layers from the center to the circumference.

2nd. Those in which the portion forming the center had already acquired a size large enough to deserve the name of stone, before its presence in the bladder, had induced the deposition of an enveloping layer.

3d. Those which are composed of a single element.

Among the remaining nucleolated calculi, were:—

1st. Those containing a foreign body, around which the calculous deposit was formed.

2nd. Those in which the arrest of development of the center had occurred at a time favorable for the formation of a different kind of deposit, a deposit rather owing to a change of diathesis, than to a vesical irritation induced by their presence in the bladder.

COMPOSITION OF THE NUCLEI.

Pure Uric Acid	8
Uric Acid and Urate of Ammonia,	12
Pure Urate of Ammonia,	4
Urate of Ammonia with Urate of Magnesia, double Phosphate, and Phosphate of Lime,	6
Pure Urate of Magnesia,	3
Carbonate of Lime with traces of Phosphate of Lime and animal matters,	2
Double Phosphate with traces of Phosphate of Lime,	6
Pure Oxalate of Lime,	6
Oxalate of Lime, combined with Urates, Phosphates of Lime, Oxide of Iron, Animal Matters, as Mucus and Blood,	37
Phosphate of Lime, with traces of double Phosphate,	3
	87

FOREIGN SUBSTANCES.

An Iron Pin of 46 centimetres,	1
A Needle with the head in bone, about three inches long, which traversed the stone, and appeared at each side,	1
Head of an Iron Arrow, two and a half inches long,	1
Piece of an Apple-Tree branch, two inches long,	1

Piece of a Vine, three inches long,	1
Pin of White Copper, one and a half inches,	1
Piece of an Earthen Pipe Shank, one inch,	2
The end of a Metallic Sound, white, well Oxidized, and in fragments, four and a half inches,	1
Lost from the Calculi,	4
	13

One of the two calculi formed upon the piece of pipe shank contained 75 p. ct. of carbonate of lime, 20 p. ct. of phosphate of lime, and 5 p. ct. of animal matters; the other contained 20 p. ct. of the carbonate with 60 of the double phosphate, and 20 of phosphate of lime. The others were composed of phosphate of lime and double phosphate, and all contained traces of urate of ammonia and carbonate of lime. The theory of M. M. Civiale and Caudmont on the formation of phosphatic deposits by the irritation of the mucus lining membrane of the bladder, is supported by these facts. The great frequency of the phosphates as external layers on calculi, whether these be composed of oxalate of lime, which, on account of their unequal surfaces are more irritating than any others, or whether composed of uric acid or urates, also contributes to establish its correctness. There are two or three facts beside these which give more importance to the theory above referred to; they relate to the phosphatic concretions formed in the opening of vesico-vaginal fistulas, and which were even partly attached to the walls of these fistulas. True, it sometimes, though rarely, happens that a nucleus, or even a stone of oxalate of lime will be found impacted in an external layer of uric acid; but this fact does not lessen the value of those just named, for it could well occur from a change in the diathesis.

In the collections of calculi referred to below, the several substances are proportioned as follows:

	OXALATES.	URATES,	PHOSPATES.
Hunterian Museum,	1:13.5	1:2.45	1:2
Guy's Hospital	1:3	1:4	1:3
Wood's Collection,	1:3	1:1.18	1:7
Norwich Hospital,	1:2.9	1:3	1:7.6
M. Marcet's Hospital,	1:3	1:2.7	1:3.2
Manchester do.,	1:10.33	1:2.2	1:8.5
Bristol do.,	1:3.33	1:1.33	1:10.89
Swabia (Kapp.)	1:1.43	1:1.21	1:10.1
	1400:1.4	1:1.87	1:1.5 (1)

Among 600 Calculi analyzed by Vauquelin and Fourcroy, we find:

1st. kind.	Uric Acid,	1-4
2nd. do.	Urate of Ammonia,	rare
3rd. do.	Oxalate of Lime,	1-5
4th. do.	Cystine	rare
5th. do.	Xanthic Oxide.	very rare, found once by Marcet, and once by Laugier.
6th. do.	Fibrinous Calculi,	1 time
7th. do.	Uric Acid and earthy Phosphates in distinct layers,	12 do.
8th. do.	Uric Acid and mixed earthy Phosphates	15 do.
9th. do.	Urate of Ammonia and Phosphates in distinct layers,	30 do.
10th. do.	Urate of Ammonia and mixed Phosphate indiscriminately,	40 do.
11th. do.	Earthy Phosphates in pure or mixed layers, about,	15 do.
12th. do.	Oxalate of Lime and Uric Acid in distinct layers,	30 do.
13th. do.	Oxalate of Lime and earthy Phosphates in distinct layers,	15 do.
14th. do.	Oxalate of Lime, Uric Acid or Urate of Ammonia and earthy Phosphate	60 do.
15th. do.	Silica, Uric Acid, Urate of Ammonia and earthy Phosphate,	1-300 do.

(TO BE CONTINUED.)

PHTHISIS AND HEPATITIS.

BY H. G. BARROWS, M. D.

I HAVE had the credit of curing consumption, and so have other physicians, and the only difference between us is, that I did *not* do it, and they insist that they *did*. Well, so be it, if they please; I ask no fame at the expense of my patient's credulity.

There is a very strong resemblance between "phthisis pulmonalis" and some forms of liver complaint; and when the disease of the liver assumes a particular form, the symptoms are quite apt to mislead a superficial observer, or a physician who makes but an imperfect diagnosis.

I do not propose, in this paper, to address my remarks to those of my professional brethren who are as old and experienced in the profession as myself, but to the younger portion of the brotherhood, who may possibly find in it something worthy of their attention, and should any suggestion meet their eye, calculated, if reduced to practice, to aid them in the treatment of one of the most common maladies (liver complaint), I shall be amply repaid for the time expended in penning the article.

What are some of the prominent symptoms in phthisis? Cough, pain, sometimes general, sometimes local; pallor of the countenance, except in cases of hectic; prominence and brilliancy of the eyes; difficulty of breathing; constipation, sometimes; inquietude at night, or if rest, the sleep not unfrequently heavy; night sweats, etc. These are some of the more prominent symptoms, most, or all of which, are present in well defined cases, varying, of course, in force and character, according to circumstances.

What are some of the prominent symptoms in a confirmed case of hepatitis? As these cases have fallen under my observation and treatment, the following may be enumerated as some of the more prominent symptoms: Cough, which is sometimes, perhaps often, sympathetic; pain, sometimes general, sometimes local; pallor and sallow appearance of the face, except in cases of flushing of the face (*Query.* May not this arise from the presence in the system of what is technically known as *slow fever?*); prominence and brilliancy of the eyes; difficulty of breathing; constipation, often obstinate; and on the other hand, as in some stages of phthisis, sometimes looseness, almost amounting to diarrhea; inquietude at night, but perhaps more frequently a heavy, soggy slumbering, and a sense of fatigue, and soreness of the body on awaking; and lastly, night sweats.

Now I ask, where the symptoms are so similar, is there not a great likelihood of mistake on the part of the physician, who takes but a superficial view of his case? I think so, and, moreover, I think from this cause has originated the fact that some physicians have received the credit of curing consumption, where consumption never existed.

I trust my younger brethren will not deem me egotistical if I expose to them my method of treating this latter difficulty, for, as it has been very successful with me, it may prove so with them, which I earnestly hope may be their experience, should they see fit to adopt it.

Allow me to premise that the treatment is mild and simple, the object being not to force nature, but to follow her, and render such aid to the "vis medicatrix natura," as the circumstances of the case seem to indicate.

For the cough I administer a simple compound of

Syr. Balsam Tolu f℥ss,
Syr. Scillæ f℥ss,
Mucillage G. Acacia f℥ijss.

To which, if the cough be vexing, a little of the Syr. Paparv. Somnif. may be added.

For the pain, where it is local, I apply a counter-irritant in the shape of a small mustard plaster, applied over the region where the pain is located, letting it remain on until it becomes uncomfortably irritating; then remove it to some other locality whence the pain may have shifted.

The pallor of countenance, the flushing of the face, and the difficulty of breathing, the latter of which being but occasional, and all being the effects of *combined* causes, I leave them to themselves, as they will subside as their causes diminish in power.

The constipation of the bowels comes under the general treatment, of which more anon.

The night sweats will yield in a short time, by simply sponging the body every morning, with a tolerably strong solution of alum in tepid water. My course is to use pulverized alum; dissolve it in a quantity of water sufficient to perform the ablution, the strength of which may be tested by tasting. The mixture should be used cool, not cold. This mode of treating sweats is very effectual, and worthy the trial of any physician who has never tested it.

All the medical treatment, or rather all the medicine which I administer to my patient, is a pill compounded from the following formulæ:

℞. Pulv. Gum Guaiac ʒss,
Pulv. Podophyllum ʒi,
Pulv. Rhei Opt. grs. x,
Ext. Taraxicum ʒii,
Ext. Juglandis, ʒiss,
Syr. Rham. Cath. q. s.
M. ft. Pill. No. 60.

My general plan has been to give two of these pills at night, but in severe cases this dose may be repeated in the morning. If the bowels respond too freely under these doses, diminish in quantity and frequency as the circumstances may indicate.

Before closing this paper, allow me to throw out one suggestion, which I have already embraced in another communication to another medical journal, some time since. In diagnosing this disease, I always look for a certain peculiarity, which I never fail to find present in chronic liver complaint, and which I never find present in phthisis, unless indeed it is combined with hepatitis. It is this. If you will stand your patient in a perfectly erect posture, and place yourself *behind* him, you will notice in all cases of hepatitis, that *one shoulder is lower than the other.* I have considered this so good a test of hepatitis, that in those cases where the symptoms have been so like those of phthisis, as to leave me in some degree of doubt, this peculiarity has so far influenced my diagnosis, as to lead me to pronounce the patient laboring under a disease of the liver, and I have proceeded to treat him accordingly.

I am sensible that I might add much more by way of explanation, but my object has only been to furnish an outline of ideas, to be filled up and carried out by those practitioners who may deem them worth their consideration.

"LEGITIMATE MEDICINE" IN A "TRANSITION STATE."

NO I.

BY PROF. J. EMERSON KENT, A.M., M.D.

THE practice of Medicine has, within a few years, undergone a most marked change; indeed, if we were not assured that the "established practice" is indisputably antique, we should have supposed that it was the creation of about twelve to fifteen years ago.

Twenty-five years ago, the luckless victim of disease who called in the aid (?) of the Doctor, was drenched, dosed, bled, leeched, cupped, blistered, calomelized, and starved, until poor nature succumbed from sheer exhaustion, or the patient recovered in spite of all the heroic efforts made in the contrary direction. In those good old days of "legitimate medicine," the physician, a gold headed cane, and the lancet, invariably made their appearance together at the bed-side of the patient; the physician looked profound, almost as stolid as his companionable cane; he drew blood to faintness, and withdrew—leaving the poor patient almost a peck measure full of medicines to take during his absence. But the good old days of large and oft repeated doses of heroic remedies are already numbered among things to be remembered and wondered at; and already the lancet, "that little instrument of potent mischief," has almost fallen into disuse. Twenty-five years ago disease was considered necessarily fatal, unless subjected to the most heroic system of routinism; at the present time a different opinion prevails, and physicians are beginning to realize that, although nature may be aided in her efforts, she can not be set aside, or her laws—in the treatment of disease—disregarded with impunity.

To this end Homœopathy cheats the sense of its patients with outderanging the stomach, or inducing a more potent disorder by the administration of active and heroic remedies; her practitioners, under the semblance of the administration of medicines, stand by and look on, and—nature effects the cure, if the patient recovers. Hydropathy, with the same end in view, promises to cleanse the system from disease, as the laundress washes a dirty shirt. The Electropathist would storm disease in her citadel, and compel a surrender by force of the forked lightnings; while the Botanic pleads that the garden and the forest yield natures only remedies for the cure of disease. Under all the varied modes of treatment patients recover, much to the consternation of the "established practice," whose disciples are just beginning to learn that which medical reformers have been claiming for years, to-wit: that nature effects the cure in every case, and that medicines are only useful when it is indispensable that they aid nature's recuperative powers.

These thoughts have been suggested by the perusal of an address delivered before the Norfolk (Mass.) Medical Society, by B. E. Cotting, M. D., of Roxbury.

"For a longer on shorter period," says Dr. Cotting, "*the most diverse theories have claimed and held pre-eminence.* During its reign, each had not only been considered superlatively successful, but boasted its unrivaled cures. Under each, patients recovered in sufficient numbers to enable its followers to predict its universal adoption. That many also died, though drugged in strict accordance with the prevailing and supposed infallible theories, as well as under other modes of treatment, is sufficiently evident from the fact that these systems lost the confidence they once obtained, and now only remain in the memories of our older practitioners, *or serve to amuse those whose curiosiy* leads them to search the records of the past. No system has now such unquestioned sway as those of Cullen and Brown, with our fathers. We are now in an unsettled state,—*in transition from Hypothetical to more rational methods.*"

How strangely Dr. Cotting talks! "Legitimate medicine" in an unsettled state! that "established practice" which boasts of its antiquity, in transition from Hypothetical to more rational methods! What can Dr. Cotting mean, thus to re-affirm the slanders which have from time to time been spoken against Old Schoolism? thus to admit that "legitimatemedicine" is awaking from its sleep of centuries, and is about adopting "more rational methods." Well, we are glad to hear that "legitimate medicine", is at length in a state of transition; but this very admission proves that its practice must heretofore have been, and even yet remains irrational; for its transition to "more rational methods" is a virtual acknowledgement of the very irrationality of its practice, which has already driven so many practitioners from its ranks into those of medical reform.

The main burden, however, of Dr. Cotting's address is "the self-limitation of disease,—a doctrine to which we can not assent, simply because it is one of the irrational fallacies of the schools; but the production contains many valuable hints and suggestions, and is well written. There is a manliness, an honesty of purpose about it which is really refreshing; witness the annexed extract, with which the production closes:

"If we read aright the signs of the time, this spirit (observation and investigation) prevails to a larger extent than ever before in the history of the profession, and is on the increase. It is of good omen: let us bid it God speed. We need not fear the loss of position and influence, by instructing the community in the nature of our science. The want of such information, and the belief that disease or symptom has its appropriate and infallible remedy, if the practitioner could only hit upon it, has been the source of infinite mischief; the foundation of *professional huckstering* and vulgar empiricism.

The only remedy for such evils, widely felt, and sufficiently deplored, is to be found in an earnest and persevering application to investigations such as we have advocated. Such investigations will raise the medical attendant far above the mere describer of drugs; they will open his mind to a nobler view of his calling, and give a loftier purpose to his mission. To responsibilites greater than fall to the lot of other mortals, they will add the necessity of augmenting professional acquisitions by an enlarged knowledge of collateral sciences. To watch carefully, to study thoroughly, to guide cautiously, will become only the more imperative. Individual labors may be thus increased; but as such investigations are successfully pursued, and the knowledge of the real nature of diseases better known and promulgated, the relations between the physician and patient will rest on a more rational basis, the profession will reach a higher elevation, and take a firmer hold on the confidence of the people than it has ever yet attained, and its members will be saved from the reproach now sometimes cast upon them, that they have been 'ever learning, but never able to come to the knowledge of the truth.'"

We certainly hail it as a good omen when physicians of the "Old School" begin to do their thinking, instead of relying upon the "authorities" in the profession; for nothing has so greatly hindered medical progress in the past, as this submission to the dicta of the schools—this continual reference to the authorities of the so-called "established practice."

When Galilleo first proclaimed the eternal truth, that the sun, and not our earth, was the center of our planetary system, he was opposed by the "authorities" of ages of ignorance, and darkness, and doubt. When Harvey first proclaimed the great fact, that the *air-teries* were not air, but blood-vessels, in like manner the "authorities" of ages of medical ignorance, darkness and doubt, denied the truth of his discovery, and called him by the very names still used by the orthodox of the miscalled "established practice," when they would beat down a great truth they can not, and dare not, manfully meet. We say the miscalled "established practice," for that can not be established which is ever on the change; and, as we have seen, Dr. Cotting admits, on behalf of the Bristol Co. (Mass.) Medical Society, that the "regular practice is in transition from hypothetical to more rational methods."

In my next article, in further pursuance of this subject, I shall furnish numerous and indisputable proofs of the transition state of the old schools; and before the close of the series, I hope to be able to prove that this boasting and dogmatic "legitimate practice," is almost without chart, map, or compass, on the sea of medical science, and often utterly pilotless upon its surging waves.

CHLOROSIS—ITS TREATMENT.

BY THEODORE C. MILLER, M.D.

I DID not write my views on chlorosis, with the intention of having them published in the *College Journal*, but since you have seen proper to publish what was contained in the March number, I have thought justice to myself demands a further and more distinct exposition of my views on that disease. I also send some *notes* on some other matters, which may be of interest.

In the treatment of chlorosis, I find it very important to pay attention to the *diet*. I prescribe fresh meat and fresh vegetables, but not fat meat, or much farinaceous food. The drink should be mainly water, and in that I put a few drops of the chloride of iron. Should there be any appearance of gastric irritation, I give the compound powder of rhubarb, and after that the pills of the extract of St. Ignatius' Bean, prepared according to the formula which you have published.

In chlorosis, any of the preparations of iron should be given directly after eating, as during the stadium of digestion the assimilating power of the system is greatly increased, and the iron being mixed with the chyme is more readily carried into the system than when unmixed; or when administered to an empty stomach.

While giving the iron, the drink at breakfast should consist of water, or cocoa, or coffee, as *tea* should never be used while the patient is taking iron.

I prefer the iodide, or the lactate of iron, to the other preparations, and I give them in the form of a pill, or sometimes the iodide in the form of a syrup, as the lactate will stain the teeth, if given in the form of powder.

After the blood has become restored to near the normal condition, if the uterus does not take on menstruation, I then give aloes and savine leaves, made into a pill with soap, so as to give six grains daily. But I would warn practitioners not to be too hasty in administering emmenagogues, for as soon as the system is placed in a healthy and active condition, the discharge will appear without the use of the special stimulants to the reproductive organs.

I will present two other formulæ, which I have sometimes used with great benefit to my patients:

℞. Ext. Belladonna ℈j,
Tr. Chloride of Iron fʒiij,
Tr. Aloes fʒj,
Tr. Cinnamon f℥j.
M. S. Dose, 20 to 25 drops three times a day.

℞. Iron in Powder ʒj,
Soap,
Ext. Chamomile āā ℥j.
M. f. Pill. of two grains each,
S. Dose, 15 pills three times a day.

Some physicians suppose *anæmia* to be indentical with chlorosis, but this is a mistake. Anæmia is not of itself the disease, but rather a symptom, occasioned, for the most part, from well-known causes, and it can occur in either sex, and at any age. The more frequent causes of anæmia are decayed, damp, and impure air, insufficient nourishment, loss of blood, diarrhea, diabetis, suppurations, marsh-miasm, mercurialization, syphilis, cachexia, tuberculosa, and cancer.

Chlorosis is distinguished from simple anæmia from the absence of most of these causes, and also from the absence of menstruation, or even the symptoms of menstruation.

I have used the salts of *manganese,* in anæmia, but do not think them useful in chlorosis.

The alterations observed in the condition of the blood in chlorosis is not the primary departure from health, but only a secondary symptom or condition.

It is sometimes difficult to distinguish the *palpitation of the heart* in chlorosis, from the palpitation of that organ when suffering from organic disease; but the following table of contrasts will serve to assist in making out the diagnosis:

PALPITATION OF THE HEART IN CHLOROSIS.	PALPITATION OF THE HEART IN ORGANIC DISEASE OF THE HEART.
Puberty, age, female sex.	Hereditary predisposition.
Palpitation comes on suddenly, and disappears quickly. Periods of entire freedom from palpitation. Is increased by fatigue, or at the menstrual period. Disappears in the same ratio as the disease is removed.	Palpitation never entirely ceases, but continues at all times.
Palpitation commences simultaneously with the other symptoms of chlorosis.	Palpitation is manifested before the color of the face is changed. Often present from birth.
Stimulants or iron lessen the palpitation.	Stimulants increase the palpitation.
Complexion is pale, without any redness.	The whole face is not usually pale. The cheeks and lips are red.

Rademacher's preparation of iron I consider of great value. Its one of the best of the irons where chalybeates are indicated. I will give the formula at a future time.

INHALATIONS IN LUNG DISEASES.

BY PROF. CLEAVELAND.

I do not propose to weary the readers of the *College Journal*, with a disquisition on the local application of medicinal agents to the lungs. The practice is an ancient one, and has had the attention of the profession to a greater or less extent for a long time, and more recently, has been thrust upon the public, until both the people and the profession are likely to become sick at the very sound of the word *Inhalation*.

But, as there has been some little curiosity manifested to learn the preparations in use by the various peripateting Lung Doctors, and as I have the *formulæ* of several of them from the original sources, I have concluded to place them before the readers of the *College Journal*.

As *Doctor* Sanborn, is perhaps better known in Illinois and Wisconsin than some of the others, and as the *Cold Inhalation*, can be practiced with less inconvenience than some other methods, I will commence by presenting his formulæ.

The *Expectorant Vapor* is made as follows: —

℞. Rectified Alcohol, (95 per cent.) f℥iv,
Tr. Camphor f℥ss,
Tr. Tolu fʒij,
Naphtha fʒj,
Benzoic Acid grs. xxx,
Oil of Bitter Almonds gtts. iv.
Sometimes he also adds of Acetic Acid, f℥ss. M.

The *Anodyne Vapor* is obtained as follows: —

℞. Rectified Alcohol f℥iv,
Naphtha fʒj,
Benzoic Acid grs. xxx,
Chloroform from gtts. xv, to xxxv.
To this he sometimes adds the Tincture of Henbane. M.

The *Astringent Vapor* is obtained from the following mixture.

℞. Rectified Alcohol f℥iv,
Naphtha fʒj,
Benzoic Acid grs. xxx,
Chloroform ʒj,
Tannic Acid grs. viij. M.

The *Asthmatic Vapor* is obtained from the following mixture: —

℞. Alcohol, Rectified f℥ij,
Chloroform fʒvj,
Etherial Tr. Stramonia Seeds, f℥ss,
Oil of Almonds gtts. viij. M.

The first preparations are inhaled by means of a glass cup into which a sponge is introduced and the mixture is poured upon the sponge, and the vapor as it is formed is breathed through a flexible tube into the lungs. The last preparation, the *Asthmatic Vapor*, is inhaled from a sponge held near the face without the use of the Inhaling Apparatus.

Doctor Morse, who was for a time with Mr. Sanborn, but has since located himself in Boston, has modified the formulæ of the former, and his preparations are made as follows: —

Morse's Expectorant Vapor.

℞. Alcohol, Rectified f℥iij,
Tr. Camphor f℥ij,
" Tolu f℥j,
Chloroform f℥ij,
Ol. Almonds fʒss,
Nitric Acid fʒss,
Sometimes he adds Benzoic Acid ʒss. M.

Morse's Astringent Vapor is obtained from the following: To the *Expectorant* formulæ, add

Tr. Tannic Acid f℥ss,
Tr. Myrrh f℥ss.

Morse's Healing Vapor is made by adding to the *Expectorant* formulæ, a little *Iodine.* His ASTHMATIC *Vapor* is the same as the *Expecorant,* with the addition of *Creosote.* When there is considerable discharge from the lungs, he adds to the *Expectorant* mixture *Cubebs.*

It will be perceived, that as Mr. Sanborn has been engaged in the Drug business, he has acquired some knowledge of the action of medicines, while Mr. Morse, who has *no* knowledge of medicine, has made, by his variations from the original formulæ, some strange mixtures.

I hope those who have been led to suppose Sanborn's and Morse's and Pancoast's formulæ contained secrets of value, will be undeceived, but not deterred from the rational application of proper remedies to the lungs by inhalations.

NOTES AND OBSERVATIONS.

BY T. C. MILLER M. D.

HEMORRHAGE FROM THE NOSE. I have treated several cases of nasal hemorrhage, with great satisfaction, by the use of *manganesium mu r aticum,* administered either in the pill form, or in solution, in doses ranging from three to ten grains each.

The same preparation of manganese I have found useful also in those forms of chronic disease of the *Liver* and *Spleen* where those glands are suffering from atony, and the blood requires restoratives.

Rademacher's Formulæ for the use of *Muriate of Ammonia,* in diseased lungs, as mentioned in the *College Journal,* Vol. I. No. 4, was

℞. Hydrochlorate of Ammonia ʒjv,
Water f℥jv,
Tragacanth grs. x, M.

Dose 1 tablespoonful every four hours. The tragacanth is added to cover the saline taste of the solution. It is an admirable remedy when the lungs are in the state described in the Journal.

EDITORIAL DEPARTMENT.

DEATH OF PROF. I. G. JONES.

On hearing the sad intelligence of the death of Prof. Jones, the Trustees and Faculty of the Eclectic College of Medicine convened, and appointed Profs. King and Sherwood a Commitee, who reported the following preamble and resolutions, which were adopted and ordered to be published:

Whereas, It has pleased Almighty God to remove by death our Colleague and beloved friend, Prof. Ichabod Gibson Jones, a man whose high moral character, and life of activity and usefulness, commanded our respect, and the social qualities of whose nature won our sincere regard; and, *whereas*, his decease, occurring in the prime of manhood, and in the midst of a career of industrious and benevolent enterprise, has filled our minds with emotions which can not find utterance in language, yet may be faintly indicated by the usual modes of honoring departed worth; therefore,

Resolved, That in the death of Prof. I. G. Jones one of nature's true nobility has passed away; one who by his moral worth, scientific attainments, professional skill, and well tempered zeal, for the suppression of error and development of truth in medical science, has secured an "honest fame, more durable than storied urn or animated bust."

Resolved, That we appreciate the sensations of sorrow which will penetrate the hearts of all the friends of Eclectic Medicine, who have read the productions of his pen, and especially of those who have listened to his voice as a medical teacher, when they shall hear the sad news of his death, and can only suggest to such, that they can not better honor the memory, than by imitating, as far as practicable, the life of Prof. Jones, and by carrying forward with similar energy, the great cause of medical progress, in which he was so long and so zealously engaged, and which was so materially promoted by his labors.

Resolved, That, to the widow, children, and other relatives of the deceased, we tender our sincere sympathy and condolence in their great affliction and irreparable bereavement, and humbly trust that He who "is too wise to err, too good to be unkind," but who "tempers the wind to the shorn lamb," may sustain them under the weight of this visitation, and that to them the memory of the virtuous life, and peaceful death of the departed, may serve as a cheering assurance that their loss is his infinite gain.

Prof. I. G. Jones, M.D., was born in the town of Unity, Waldo Co., in the State of Maine, on the 18th day of June, 1807, and died in Columbus, the Capitol of the State of Ohio, on the 14th of March, 1857, at the age of near 50 years.

After a proper preparatory course of medical study, he had the degree of *Doctor in Medicine* conferred upon him in 1830, and the same year he was appointed a Professor in the Reformed Medical College of New York, which appointment he filled with such honor that the following year he was invited to a Professorship in the newly established Reformed Medical College at Worthington, Ohio. He accepted the appointment, and located himself at Worthington as a Teacher and Practitioner of Medicine. He remained at Worthington until the summer of 1834, when he removed to the city of Columbus, which was his home and the field of his active labors until his death.

The year before his removal to Columbus, he married a daughter of the late Col. James Kilbourne, of Worthington, by whom he had one son and three daughters.

The Reformed Medical College was removed to Cincinnati, Ohio, and was chartered as the Eclectic Medical Institute, and in the winter of 1850 Prof. Jones, on the death of Prof. Morrow, at the earnest solicitation of the friends of the Institute, was induced to accept the chair of *Theory and Practice* in the Institute, and to deliver a course of lectures. He was also selected by his colleagues to prepare the manuscript of Prof. Morrow for publication, and to that he added another volume, making the two so extensively and so favorably known as "JONES AND MORROW'S AMERICAN ECLECTIC PRACTICE OF MEDICINE."

The very exhausting labor of preparing and delivering a course of scientific lectures, at the same time he was compiling the great work on Practice, was more than Prof. Jones could well endure, and the failure of his health obliged him to withdraw from the active duties of the professorship, and to accept the honorary position of *Emeritus Professor*, which position he retained until the Institute fell into the hands of its present occupants, when he became connected with THE ECLECTIC COLLEGE OF MEDICINE, as he was one of the editors of its Journal.

His friends have observed that the intellectual and physical labor which he performed while teaching in Cincinnati in 1850, were probably the cause of the derangement of his system, which, seven years later produced his death. His active temperament and earnest zeal for the interests of his pupils, and the cause of medical reform, would not allow him that attention to his own physical condition which was demanded, and from the time he resigned his chair until his death, he never enjoyed firm health, but seemed to be steadily and continuously yielding to that disease which finally terminated his earthly career.

Although frequently advised of his condition, and urgently solicited to give up the cares and labors of an extensive practice, and devote himself to the improvement of his own health, the sick and suffering who had placed their reliance on his science and skill, seemed to have so strong a claim upon his services, that he could not be induced to leave them, until the summer of last year, when he made a visit to the sea-shore. But rest from professional toil, travel, the advice of men eminent in the profession, and sea-air and sea-bathing, did not avail to restore him to health, and he returned to his home no better than when he left. He continued to lose strength, and at last, about the commencement of the year, he became confined to his house, and did not again leave it alive.

From thence to the day of his death, he frequently suffered very much pain, but during all his long and weary confinement, he bore his sufferings with a patience characteristic of the man. A little time before his death his disease became more active in its manifestations, and about 3 o'clock in the morning of the 14th of March, his spirit passed away to his Maker.

Such was the late Prof. Jones; and the estimate in which he was held by his friends,—his colleagues,—and the community,—may be faintly inferred from the Resolutions herewith published. His memory will long be cherished, not only as one among the foremost and most active in establishing and advancing the Eclectic, independent and liberal science and practice of RATIONAL MEDICINE, but he will be remembered as the active and laborious citizen, ever earnest in promoting all good works, and sternly opposing such acts and influences as were immoral in their tendency.

As a physician, and in his private relations, he exercised a great influence over those with whom he came in contact, and many will remember as long as life shall last, the kind physician and sympathizing friend to whom they looked for advice, and on whom they were accustomed to rely for assistance.

Of his more private virtues—his qualities as husband and parent, much might be said, but this is a subject almost too sacred for public remark. His memory will remain as an incentive to all that is great, and wise, and good; and those who are now called to mourn his loss will find consolation in knowing that his last days on earth were cheered with a firm hope of a happy immortality in that world to which he has been removed.

THE "BRAIN FEVER."

WE have observed for some little time past, in our secular exchanges, and particularly from the State of New York, frequent mention of what is designated as a *new epidemic*, to which the name of "Brain Fever" is given.

Those physicians who have been wedded apparently beyond the power of any form of divorce, to the teachings of Old School writers and teachers; and yet have had the sense to observe, and the candor to admit, that a change has been required in the remedial agents and mode of treatment demanded, have been accustomed to say to themselves and to others, that the medical philosophy of the ancient worthies, was beyond dispute, accurate in all its parts, but that the "changes in the disease were such as to demand a corresponding change in the treatment." We doubt not a change in *treatment* is often demanded, but we are not accustomed to suppose that any great change in the human constitution has occurred within the last fifteen or twenty years, or that humanity is subject to new and hitherto unknown causes of disease. We think it is the medical men, and medical philosophy which have suffered from mutations to which error is always obnoxious, and that the same causes for disease as formerly, demand the same remedial measures as they did half a century since.

Hence, when a *new* epidemic is reported, or a new phase of an old one, we are apt rather to suppose it is an old, and perhaps well-known one, and the newness is in the mode of observation and not in the phenomena which are presented.

The following remarks from Prof. L. C. DOLLY, in regard to this so-called new epidemic, appear to be well timed, and as the disease may extend to other parts of the country, it is desirable to obtain all the information in regard to it that we can. Dr. Craig, of Churchill, New York, who has seen quite a large number of patients suffering from this epidemic, has promised to furnish the results of his observation and experience for the *College Journal*, and in the meantime, we publish the remarks of Prof. Dolly:

IT is presumed that the profession may feel an interest in learning more respecting the character of the epidemic called "Brain Fever," of the prevalence of which in the central and eastern counties of the State we have had some accounts. That the same form of disease is now prevailing in our vicinity, the writer has but little doubt. The disease alluded to has within a short period of time taken off very suddenly quite a number in Churchville and vicinity. There are at this time half a score or more prostrated with it, a part of whom are in a very critical condition. The writer in consultation with Dr. C., of Churchville, yesterday, learned from him that during the preceding twenty-four hours he had been called to visit nine new cases.

The disease manifests itself with chills, nausea and vomiting, severe pain in the head, etc., soon followed with fever, delirium, impairment of hearing and sight, and finally with coma more or less complete, and in some instances convulsions. What may be known as petechial spots upon the surface and echymosis, are characteristic symptoms, and numbers have died within twenty-four and thirty-six hours after the invasion of the disease. Those who have seen the disease as it prevails in the eastern counties, represent it as manifesting a similar train of symptoms. It has generally been regarded as an epidemic form of acute cerebral inflammation and treated accordingly, mostly by venesection, cathartics, revulsives, etc. It may be well to inquire whether this view of the malady is a correct one, and whether a similar or an identical epidemic has not prevailed in some portion of the country at former periods?

In the year 1810, and for several subsequent seasons, an epidemic prevailed in various parts of New England and the eastern counties of New York, and the borders of Canada, known by various names, as "Spotted Fever," "*Phrenitis Typhoides,*" "Malignant Nervous Fever," "*Typhus Syncopalis.*" "Sinking Typhus," etc. One acquainted with the disease as now prevailing, can not fail to observe the close resemblance between it and this early epidemic, as minutely described in the old writings of Drs. Miner, Tully, Thatcher, Page and others, and in a report before the Massachusetts Medical Society in 1810.

Thatcher says, "In the winter of 1813 it visited the army of the United States at Greenbush, and at various other places, where its destroying power has scarcely been exceeded by military slaughter." Drs. Miner and Tully remark that, "Spotted fever, like other epidemics, has almost infinite gradations in its rapidity, severity and mortality. In some seasons and in individual cases, it is comparatively mild; in others, it is much more rapid and fatal than the cholera of India, or the plague of the Levant. No foreign author, it is confidently believed, has ever described this disease." It is shown to differ very essentially from the Typhus Petechialis, and other forms of typhoid disease of European nosologists. It usually occurred during winter and spring, and in some instances was protracted until May and June. Dr. Miner represents the disease as appearing to have its seat and throne in the brain—to belong nosologically to the passive phlegmasiæ. It is attended with no spontaneous reaction. This is manifest by the greatest arterial debility, typhoid delirium and convulsions, paroxysms of *subsidentie*,—in a word, by every symptom which is known to indicate an extreme deficiency or exhaustion of the powers of life. Petechiæ, echymosis, general suffusion of the capillaries, coma, delirium, interrupted respiration, numbness and insusceptibility to the action of ordinary rubefacients, and sinking after evacuants, are much more common than in any febrile disease. Coma and delirium may sometimes be so severe and protracted as to overwhelm or disguise the other symptoms.

It was fully demonstrated that the depletory and other measures applicable to ordinary cases of brain fever, or cerebral inflammation, were highly pernicious, and that the first principal indication of cure was to support the sinking powers of life. Almost uniform success attended the judicious but vigorous use of diaphoretic stimulants and tonics internally, with rubefacients, artificial warmth, etc., externally. The particular remedies found most valuable it is unnecessary to mention in this connection. Many of them are such as are contra-indicated in inflammation of the brain and its membranes. "Everything which might tend to waste the vital powers should be avoided. Bleeding need not be mentioned but to warn against its fatal tendency. That a number of cases sunk from bleeding when the disease first appeared, and was mistaken for inflammation of the brain, is universally notorious. In every severe case free bleeding and free purging is almost certain death." (Dr. Miner.) Some were known to die while under the operation of a dose of calomel and jalap, in places where the disease made its first appearance. The lancet was found to be equally unsuccessful. (Dr. Page.) It seems not to have been contagious. The disease, at its breaking out, proved fatal in a very large proportion of cases, but after its nature and treatment became better understood, it does not appear to have destroyed more than one in fifty, and according to some statements not above one in a hundred.

This epidemic is well remembered by many now living in this region, and has been vividly described by my venerable and worthy friend, Dr. McG., of this city, who treated many cases in N. H., and corroborates the foregoing statements. It is believed that "brain fever" of the present time, when fully understood, will be found to be essentially the same as this old epidemic, and if, unfortunately, it should continue, it will be found equally manageable by treatment based upon correct pathological views. The necessity of physicians *knowing* what they do, and appreciating correctly and early such maladies, is apparent from the concluding words of Dr. Miner:—"Typhus-syncophalis, or spotted fever, when neglected or injudiciously managed, is among the most deadly maladies which a mysterious Providence permits to scourge the human race. When taken in season, and treated with decision and judgment, few diseases yield with so much certainty to a proper course of medication."

VESICAL CALCULI.

We would commend the treatise on Vesical Calculi, and their Micro-Chemical Analysis as translated from the French of Dr. S. L. Bigelow by Prof. King, as of deep interest to the profession both in a scientific and a practical point of view. We have some fine cuts illustrative of the text which will appear in the May No. of the *College Journal.*

COMPARATIVE ANATOMY.

We have received a beautiful colored Lithographic print giving two enlarged views of the *Brain of a Horse*, from the author, Dr. G. H. Dadd of the *American Veterinary Journal*.

OMISSION.

Through some oversight, the name of Charles T. Lawrence M. D. of this city, was omitted from the List of Graduates as published in our last. Our readers will recognize him as the inventor of the *Fracture Bed* described in the January No. of the Journal.

EDITORIAL ABSTRACTS.

Oxide of Silver-Chorea, Hysteria.—Dr. Todd and Dr. Adison have used the oxide of silver for the cure of epilepsy, with great satisfaction. But hysteria, which sometimes simulates epilepsy, has not yielded under the use of the silver.

Local Anæsthesia by Cold.—The *London Lancet* narrates several instances where operations were performed under the anæsthetic influence of cold. In April last, Mr. Erichsen removed the toe-nail without the patient feeling any pain. Mr. Thomas Wakley has been equally successful several times in the Royal Free Hospital. Mr. Weeden Cooke has removed several small growths, one of which was a fatty tumor, situated in a delicate part of the body. Mr. Banks excised an osseous tumor from a lady eighty years old. Mr. Shaw applied it to an ulcerated cancerous breast, and Dr. Tyler Smith, to a cancer of the uterus, producing in each instance entire cessation of pain. Mr. Cooke removed a fatty tumor of the size of an orange from over the coracoid process of the left scapula, last March. No pain was manifested, either during the operation for removal, or during the insertion of the sutures. He also, in April, removed, by a V shaped incision, a cancer from the lower lip of a tobacco smoker. The patient did not feel the operation. In the same month, he removed a toe-nail from a toe which was extremely sore and painful, but after freezing the toe, the operation was painless. The manner of making and applying the freezing mixture was the same as that detailed in the twelfth number of the first volume of the *College Journal.* Dr. W. V. Pettigrew removed a fatty tumor of five years' gradual growth, and of the size of an orange, from the popliteal region. "Not the slightest sensation of pain was experienced." He also removed a solidified ganglion from over the right patella, which was of three years' growth, and strongly adherent to the skin. In this operation he was assisted by Mr. H. Brown, and F. Pettigrew. He remarks:

"As far as I can judge from these two cases, I should say that at least two-thirds of the operations performed under chloroform, that agent may be dispensed with, the cold application is so simple and so rapid in its action."

Chinoidine (*Quinidia.*)—Dr. J. Burger, in a private letter, says:

"I have found chinoidine superior to Quinia in those cases of intermittent fever, where the disease, after its removal, returns upon the slightest exposure to changes of temperature, night air, damp weather, errors of diet, and exercise.

"I have succeeded in two cases upon which two of our best physicians had exhausted their skill, by this remedy, in breaking up the morbid conditions upon which the return depended. My experience with it, however, is too limited to allow me to recommend it as a specific for all such cases.

"The preparation I have used was manufactured by Wightman & Co., of Philadelphia. I administered it dissolved in aromatic sulphuric acid, which doubtless may have added something to the effect of the chinoidine."

Albuminaria—Frequency.—Dr. Barlow says: "If all the fatal cases of heart disease, and disease of the brain, originating from albuminaria, or Bright's disease, be taken fairly into account, it will be found that this disease is *second* only to *phthisis* in the number of lives which it destroys."

Stimulants in Fever.—Dr. Dickson, of South Carolina, says: I avow, for my own part, that when I see the respiration hurried and impeded by debility, the pulse flagging, the skin covered with a cold and clammy exudation, I do not entertain any very fastidious scruples as to the ulterior effects of my stimulants. I am only afraid of finding them inefficient to act upon the little remains of excitability present. The objections which have been so obstinately urged against them, originated, surely, in the logical essays of the closet; not in the sick rooms, or in hospitals; not at the bedside of the debilitated and the dying."

Cider in Rheumatism.—A friend of Prof. Bryan's has written him as follows:

"I have been using cider in acute rheumatism with much satisfaction. I think more of it than of lemon juice. I allow my patients to drink freely of it, either new or old cider answers equally well. * * * * It sometimes purges—if so, I lessen the quantity, until the tendency is controlled, when I gradually increase, or it may be combined with a little laudanum."

Incontinence of Urine.—Dr. Kennard, of New York, in treating incontinence of urine, produced by paralysis of the muscles of the perineum and vicinity, has made use of an ointment applied to the part, prepared as follows:

℞. Sulph. Morphia,
Veratria, āā. grs. x,
Lard ℥j.
M. Make Ointment.

Veratrum Viride.—Dr. David Hutchinson, last November, read a paper before the Hendricks County Medical Society, on the use of Norwood's Tincture of Veratrum Viride, which has been published in the *Western Lancet.* He says:

"From the reports in our medical journals, and the experience we have had in the treatment of diseases with this article, we have been almost led to conclude that it is the *magnum donum dei* of materia medica to the human race."

He then detailed quite a number of cases he had treated with its use, and in his *general remarks* in regard to its action on the system, he further says: "Its influence in cleansing the liver, is greater than that of any article with which I am acquainted. It is best adapted to cases accompanied with a frequent pulse, and those in which a good deal of nervous irritation exists."

Epidemic Dysentery.—In a long and able communication to the *Charleston Medical Journal and Review,* our friend, Dr. J. Turrentine, of Arkansas, has given a history of the epidemic form of dysentery, as observed by him, with some just criticisms upon the treatment as usually pursued, and as taught by Old School authority, together with the treatment pursued by himself.

Warm, *cold*, and *medicated bathing*, he has tried with marked benefit as adjuncts to rational treatment. In the cold, or depressed stage, to excite action, he resorts, sometimes, to *brandy*, to which, if the patient suffers severely, he adds *morphia*, or some other opiate. Mustard is applied to the region of the stomach. Should more active measures be required, he orders:

℞. Mucillage Gum Acaciæ fʒij,
Best French Brandy fʒij,
Chloroform fʒjss,
Morphia Sul. grs. ss.
Mix, and let it be taken at one draught.

To remove the offending matter and vitiated secretions from the intestines, and relieve engorgement of the portal circulation, as well as to increase the flow of bile, he uses the following:

℞. Podophyllin grs. iij,
Leptandrin grs. v,
Pulv. Doveri grs. xij,
Sach. Alb. q. s.

M. Ft. Pulv. No 4. One powder to be given every two or three hours, until free catharsis is produced.

Should the foregoing produce too much irritation of the stomach, he recommends a pill made as follows:

℞. Podophyllin grs. jv,
Leptandrin grs. viij,
Morphia Sul. grs. jss,
Ext. Hyociam. Nig. q. s.

M. ft. Pill. No. vj. Of these, one may be given every two hours, and continued until free catharsis is produced. He insists upon a thorough evacuation of the intestines, and does not think convalescence can take place until the bowels are thoroughly acted upon.

After the action of the cathartic, he directs an anodyne and an astringent, to diminish the intestinal pain and hemorrhage. He does not depend upon his remedies by mouth entirely, but says that anodyne enemata should never be omitted when they can be retained. A small quantity, an ounce or two, of mucillage or starch, with an aqueous solution of opium, he thinks as good as any. When the injection will not be retained, he advises a suppository.

Chloroform vapor thrown into the rectum, he has never found to fail in producing relief. As an astringent, he says that the following is "very excellent":

℞. Tr. Catechu fʒiij,
Tr. Camphor fʒj,
Tr. Leptandria fʒj,
Syr. Zing. Vel. Cin. f℥j. Mix.

Dose, one tablespoonful every one, two, or three hours.

"But it should not be forgotten that one of our main stays is our anti-periodics, which should never be omitted during the partial remission that usually exists early in the morning, or at whatever time it occurs; whether the cathartic has acted or not, this should not be omitted.

"The most effectual way that I have found, to administer anti-periodic medicine in this, or, indeed, in any periodic, or remittent type of disease, is to give a sufficiency at one, or at most, in two doses, one hour apart. During the partial remission that may be expected every day, the following may be given:

℞. Quinia Sulp. grs. x or xv,
Pulv. Doveri grs. v.

M. Take at once, or in two doses, one hour apart. Let me say, once for all, not to try two or three grain doses every two or three hours."

When ulceration is feared, or the tongue becomes fiery red and dry, or brown and glistening, he advises the oil of turpentine, as in the following:

℞. Oil of Turpentine fʒij,
Tr. Cinnamon fʒj,
Mucillage f℥ij,
Sach. Alb. q. s. M.

Of this a tablespoonful may be given three or four times a day.

Such is a brief extract of this full and valuable article.

Tincture of Gelseminum. Dr. J. A. Mayes, read a paper before the South Carolina Medical Association in which he gives a resume of what has been written on this agent by Prof. Cleaveland, by Dr. Batchelor in the Iowa Med. Journal, Dr. Nash in the Stethoscope, and Dr. Branch, in the Charleston Medical Journal. He says: —

"I do not regard it as a specific for any disease: I desire to bring it into notice as an admirable agent for controlling irregular nervous action, and for bringing about in the system a state of *repose* favorable for obtaining the full action of other and more radical treatment."

"On this point, I will quote again from Dr. Cleaveland of Ohio, with whose observations I entirely concur. He says: 'I need not call the attention of your readers to the great variety of cases in which sedatives are indicated, and in which those that act as lobelia or veratrum do, on the stomach and bowels, are *contra*-indicated. Perhaps no other class of agents would be more frequently resorted to than these, did the profession feel sure that they could command the agent which would produce the desired effect.' Please note this remark. Again: 'From sufficient personal experience, as well as from the observations of many physicians who have used the Gelseminum, I am satisfied that, as a sedative to the nerves branching from the spinal cord and going to the organs of locomotion, or the nerves of voluntary motion, and in a lesser degree to the vagus and sympathetic nerves that are distributed to the heart and lungs, inducing a less powerful and less frequent pulse, and a more sluggish, or feebler respiration, the Gelseminum will prove highly satisfactory to any who may give it a trial.'"

Dr. Mayes concludes his observations as follows:

"I regard it as a direct sedative; more safe and manageable than veratrum viride, and more generally applicable in practice.

"I esteem it a most valuable adjuvant to other treatment, in all cases where high arterial action exists, in which it is desirable to lessen the frequency of the pulse and to calm excitement, and where, as in the case of injuries, it is desirable to lessen the irritability of the nervous system; also in that troublesome hysterical exaltation of the nervous sensibilities so often met with in enervated females, its value can not be too highly esteemed. In short, it is a specific for no particular disease, but an admirable adjuvant in the treatment of nearly all."

BOOK NOTICES.

Medical Notes and Reflections. By SIR HENRY HOLLAND, etc., etc. From the Third London Edition. Philadelphia, Blanchard and Lea, 1857.

THE Notes and Reflections of Sir Henry Holland, may command more attention at the present time, from his position as physician to the Queen and Prince Albert, than when eighteen years ago, they were first published in Philadelphia.

Mere place and position ought not, and do not, command so much of our respect, as to lead us to become passive recipients of the views of any man, however exalted his position; but opinions which have been promulgated after patient and enlightened thoughts and reflection, and which have been considered worthy a re-utterance after the lapse of a considerable period of time, certainly are deserving the attention of all liberal investigators of science.

In the science of medicine, as in all the other sciences, it seems but proper that all old opinions—opinions which had their origin in times long past, when scientific attainments did not embrace as much positive knowledge as succeeding discoveries have enabled moderns to accumulate, and scientific opinions consequently had oftentimes but an imperfect hypothesis for their foundation ;—it seems but proper that all *old* opinions should be re-examined and tested by the light of the *accumulated* wisdom of the present age, assisted by many aids, at discovering truth, and in detecting error, which former times could not command.

In Chemistry, the mere fact that an opinion is *old*, is enough to cast more than a shadow of doubt upon its accuracy. So also in regard to Geology, and nearly all departments of science, and more particularly in regard to the science of life—the science of Physiology. But while we are re-examining these various opinions and correcting the errors in most departments of science, the fallacies which cling to our ideas regarding the practical application of our knowledge of Anatomy, of Physiology, of Chemistry, and of Therapeutics seem to have become so *fixed* as to have acquired a degree of *sacredness* of character in the eyes of many, so that he who expresses any doubt in regard to them, or hopes to produce any change of opinion will meet the strongest of all prejudices, and his acts will be viewed as presumptuous folly, or perhaps, as almost sacri-legious.

To those who do not fear to meet a new truth, or to examine the basis on which an old opinion may rest, such essays as are collected in the Notes and Reflections of the learned Baronet, are extremely agreeable, and even where the author is supposed to entertain erroneous opinions, the directions which he gives for discovering fallacies and errors, if heeded, will prove an antidote of power nearly as great as the bane. The first chapter, on "*Medical Evidence*" is worthy of an annual perusal from the day the pupil enters upon his studies until the end of his professional career.

This work is designed for thinkers, and such will know how to appreciate it—while those who wish to obtain a guide for routine and empirical practice, will inevitably be disappointed, if they purchase this volume.

The Half Yearly Abstract of the Medical Sciences. Edited by W. H. Ranking, M.D., and C. B. Radcliff, M.D. No. 24. July to January. 1856.

We have already expressed the opinion that no physician can afford to do without this semi-annual publication. Few can spare the time to read, or the money to purchase all the new works that are published, but no one who has the care of the sick, should refuse such a vast amount of medical knowledge as is here afforded at Two Dollars a year.

Hooper's Western Fruit Book, a Compendious Collection of Facts from the Notes and Experience of Successful Fruit Culturists, arranged for practical use in the Orchard and Garden. By E. J. Hooper. Cincinnati. Moore, Wilstach, Keys & Co. 1857.

This beautifully illustrated work, with its colored plates of luscious fruits, will doubtless cause many a city physician to desire a residence in the country, and teach such physicians as are favored with a home in the country, how to improve and perfect the plants and fruits their leisure will allow them to cultivate. It is a credit to the author, to the artists, and to the publishers, and clearly demonstrates that the "Wilderness can be made to blossom like the Rose," and produce the richest of fruits.

Clinical Lectures on certain Diseases of the Urinary Organs, and on Dropsies. By Robert Bentley Todd, M.D., F.R.S. Philadelphia: Blanchard & Lea. 1857.

The author of this work is already well known to the reading portion of the profession as an able and admirable Clinical teacher, and to his labors, and the labors of those who, like him, have dared to endeavor to penetrate beyond the veil of animal organism and vitality, and to learn *what changes take place* in the solids and in the fluids, and *by what laws those changes are governed*, is the profession greatly indebted for the vast progress of the healing art, during the last thirty years, until now what was once jocosely styled, "the sublime art of guessing," has, in many instances, fully established itself as the SCIENCE OF RATIONAL MEDICINE.

Like Simon, and Robin, and Golding Bird, and Prout, and Budd, Dr. Todd has principally confined his researches to the changes which the *fluids* undergo in disease and in health, and he has illustrated his lectures by the introduction of notes of many cases, as they have come under his observation and treatment. The character of the work is indicated by the title-page; and we have no hesitancy in saying it will prove a valuable addition to medical literature.

Rules and Directions for the Employment of Injections in various Diseases, with Quotations from Distinguished Medical Authors. Tenth Edition. Boston. 1857.

This pamphlet was printed to accompany Lewis's very convenient and neat Improved Portable Syringe, which is advertised in the advertising department of the *Journal.* It contains some valuable information, and various timely and judicious suggestions, and is a desirable companion to Lewis's injecting apparatus.

Lectures on the Principles and Methods of Medical Observation and Research, for the use of advanced Students and junior Practitioners. By THOS. LACOCK, M.D., etc., etc. Philadelphia: Blanchard & Lea. 1857.

THIS little volume is one of those which are of extreme value, as it teaches *how to acquire knowledge*, rather than how to apply knowledge when acquired.

Last year we commended *Tanner's Clinical Medicine* to the readers of the *College Journal*, and we now would urge upon all, for whom this volume is designed, to become possessed of it at their earliest convenience, and to make themselves masters of its contents.

The Physician's Pocket Dose and Symptom Book; containing doses and uses of all the principal articles of the Materia Medica, and chief officinal preparations. By JOSEPH H. WYTHES, A.M., M.D. Second Edition. Philadelphia: Lindsey and Blakistone. 1857.

IT is probable this little manual has already found its way to the notice of the great body of the profession, and hence we need only announce the appearance of the second edition.

MISCELLANY.

FAMILY MEDICINES.

The American Druggists' Circular and Chemical Gazette, recently established in the city of New York has an article from the pen of Dr. C. D. Griswold, formerly one of the Editors of The American Medical Gazette, from which we make the following extracts:

"Dr Butler of the *New Jersey Medical Reporter*, some time since suggested that the American Medical Association, and the American Pharmaceutical Association, should adopt a set of formulæ for domestic remedies, to take the place of patent medicines." * * * *

"The druggists can find no objections, that would be reasonable, with this arrangement, for they would be saved all the trouble of manufacturing and make a profit equal to that on patent medicines." * *

"We are very glad to see that the Editor of the American Journal of

Pharmacy approves, in the main, the idea of Dr. Butler; and we apprehend there are few enlightened physicians who would raise any objections to it. The age is too far advanced for a member of a *benevolent* profession to raise the plea that it is not right to do a public good, for fear it may take business out of the hands of the Doctors.

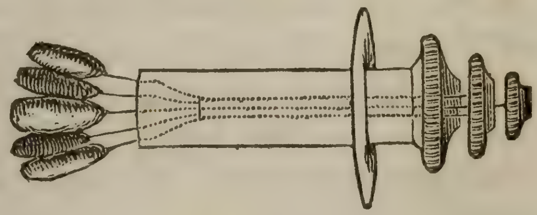
The public will have physic and cures of various kinds without consulting physicians; but so long as medical men raise a cry against everything that is sold and taken without their advice and prescriptions, so long will the public nurture prejudices against our profession, and do their best to cheat them out of their fees. Is it not better, therefore, for our profession to at least try to *regulate* popular medication and render it safe and useful, rather than to have it in the hands of the ignorant and unprincipled, as it is now?"

DR. E. T. BUSSELL'S SELF-ADJUSTING UTERINE CAUTERY.

Since Bennet presented his views of the pathology and therapeutics of Uterine Diseases, many appliances have been devised for the purpose of treating the ulcerations and engorgements of the os and cervix of that organ by means of topical applications of the remedial agent to the part affected.

The beautiful four-valved speculum enables the surgeon to see the nature and extent of the disease, and also exposes the diseased structure to the direct application of caustics and washes, but for its use the aid of the medical attendant is required, and hence, even in urgent cases, applications are usually made but once a day, and sometimes not oftener than once in two or three days; but where the parts are so ulcerated as to discharge freely, or where there is considerable engorgement, a daily application is not sufficient to secure the greatest amount of benefit from this mode of treatment.

To enable the patient to make frequent applications of caustics and washes, directly to the neck and mouth of the uterus, without involving the vaginal canal, as when the syringe is used, Dr. Bussel has invented the *Self-Adjusting Uterine Cautery.*



It is composed of a metallic tube somewhat longer than the vaginal canal, within which four rods or arms are made to slide by being attached at their outer extremity to a milled button as shown in the cut, while to the other extremity of each is attached a piece of very soft prepared sponge. Within those four rods is still another central rod, to the outer extremity of which another milled button is attached, while the other end is armed with a piece of prepared sponge, similar to that on the four surrounding rods.

By drawing upon the buttons the rods are carried *within* the tube, which is then introduced into the vaginal canal until it reaches the neck of the uterus, when if the first button be pushed forward the *four* arms with their sponge-tipped extremities are carried forward and spread outward so as to wipe off any secretion which may cover the part and separate the foldings of the vaginal canal.

If the central rod be then pushed forward, the sponge with which it is armed, will be carried in contact with the mouth of the uterus, and thus dry powders, or solutions of the desired strength may be brought directly in contact with the diseased part. At least this is the *theory* of the use of the instrument, which is very ingenious, and very neat; and if the practical application equals the anticipation of the inventor and his friends, this *self-adjusting* apparatus will prove a great boon to the patient, and a valuable assistant to the profession.

JONES AND MORROW'S AMERICAN ECLECTIC PRACTICE OF MEDICINE.

Having recently received several letters of inquiry in regard to the *second* volume of *Jones and Morrow's Practice*, we would state that a few copies can still be obtained at the publisher's price, $3.50 per volume, postage *pre-paid*, when sent by mail.

The publisher of the *College Journal* can also furnish a few copies of King's Dispensatory. This can not be sent by mail. The price is $6.00.

CORRESPONDENTS.

We have on file several excellent articles from contributors, which our space will not allow us to publish this month. Some of them will be inserted next month, while one or two will be more *seasonable*, if delayed still longer. We need the help of our friends, and when asking for still further favors, in the way of contributions of a practical character for our pages, we feel deeply grateful for the many excellent contributions already sent us. We hope to make use of them at the proper time.

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MARRIED.

In Worcester, Massachusetts, March 21st, 1857, Dr. **GEORGE W. FAY**, M.D., of Boston, to Miss **JENNIE L. MOWRY**, of Worcester.

THE

COLLEGE JOURNAL.

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[Translated from the French of Dr. Sam'l L. Bigelow.]

RESEARCHES ON VESICAL CALCULI, AND THEIR MICRO-CHEMICAL ANALYSIS.

[Continued from page 159.

CHAPTER II.

CLASSIFICATION OF CALCULI.

Vesical calculi have been variously classified. The classification which has been more commonly received is that which is based upon their combustibility or non-combustibility, or rather on the changes in their aspect and composition when exposed to the action of heat. Now, as there are three different results, when thus exposed, they have been arranged in three classes, according to these three modifications:

FIRST. The combustible calculi, which completely disappear under the action of a sufficient degree of heat.

SECOND. Incombustible calculi, which are not dissipated by the action of heat.

THIRD. Calculi which are partly combustible, leaving more or less considerable residue.

In the first class are placed the following substances :—

1st. Uric acid.
2nd. Uric oxide.
3rd. Cystine.
4th. The combinations of these three substances with each other, or with another combustible matter, such as ammonia.

In the second class ;—

1st. The phosphates.
2nd. The carbonates.
3rd. Silica.
4th. Mixtures of these three substances.

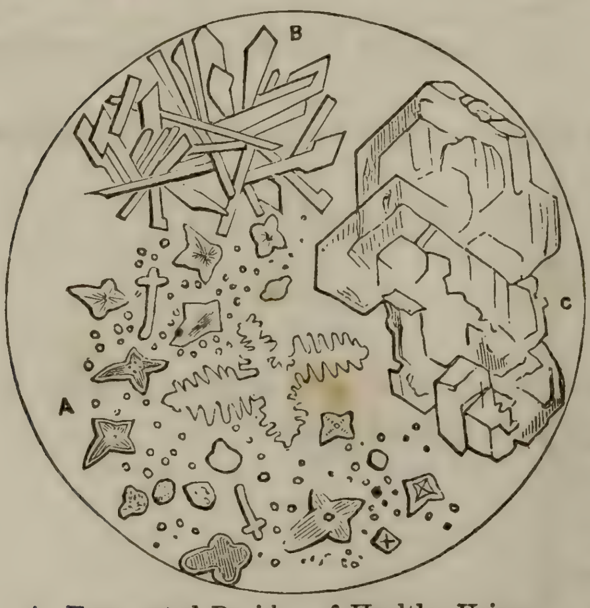
In the third class are;—

1st. Compound calculi, formed by the combination of the kinds contained in the two preceding classes, of which, after the action of heat, the residue consists:—

1st. Of phosphates.
2nd. Of carbonates, or caustic bases.
3rd. Of phosphates with NO. 2; and.
4th. Of accidental ingredients, etc.

I consider this not only a very arbitrary classification, but entirely useless so far as the analysis of calculi is concerned. With the same justice, they could have been classified acccording to the action of water, acids, or other chemical agents upon them. In accurate analyses, heat as with these, is a means, but not an only one. Their analysis is always commenced by submitting them to heat, to ascertain their organic character. But after its action, the chemical nature of the remaining substances is no more understood than previously. It is absolutely necessary to have recourse to the same analytical tests which would have been required before submitting them to the action of heat; burning them would be lost time, if it were not to determine the exact per cent. of loss. I speak of clinic qualitative analysis and not quantitative. With a little experience in the analysis of calculi, we learn to classify them with sufficient accuracy, by the sight alone, except in some very rare exceptions.

There is, however, a natural classification which I have adopted, determined by the composition of a calculus and verified by analysis, and which arranges them into three very distinct categories:—



A. Evaporated Residue of Healthy Urine.
B. Oxalate of Urea.
C. Nitrate of Urea.

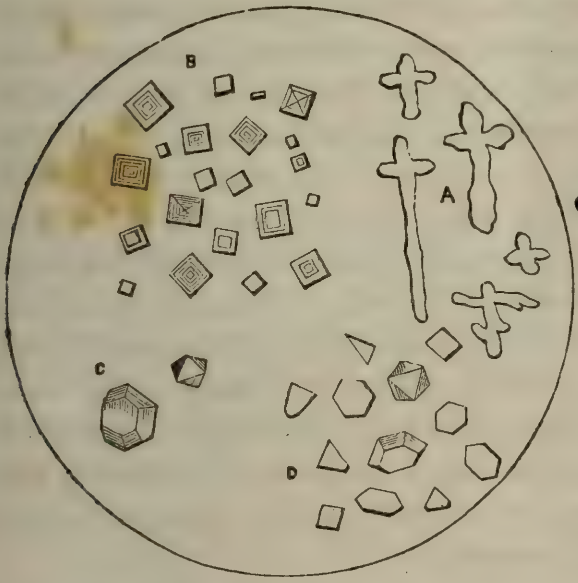
FIRST. Organic calculi.
SECOND. Inorganic calculi.
THIRD. Calculi composed of these first two, with mediate and immediate principles.

URIC ACID—CHEMICAL PATHOLOGY.

When uric acid exists in a urinary deposit uncombined with a base, it is always in crystalline form, and never as an amorphous mass; but the crystals are too small for investigation without the aid of a microscope. Uric acid is never deposited colorless in urine, even when combined with the urate of ammonia. It more frequently presents a characteristic yellow color. On the contrary, when precipitated from a solution in water it is generally colorless, and very rarely of a yellow tinge.

In urine it may present all shades, from the palest straw color to the deepest orange, in consequence of which, these deposits have been termed red or yellow, or lateritious sediments, and this color, which is their proper characteristic, is preserved in the crystals invisible to the unaided eye, as well as in the calculi of various sizes.

DIAGNOSIS OF URIC ACID DEPOSITS.



A. Chloride of sodium, in combination with urea, and evaporated quickly from urine.

B. Chloride of sodium, crystallized from distilled water, and resembling oxalate of lime; never exists in urine, and is soluble in water, while the oxalate is not.

C. Chloride of sodium crystallized slowly from urine, also resembles oxalate of lime, but differs in being soluble in water

D. Chloride of sodium resembling crystals of Cystine, from slow evaporation of urine.

Under a gentle heat, the deposit of uric acid is not dissolved; the crystals only become a little more opaque. They become clearer when combined with urate of ammonia, which is dissolved by a heat slightly above that of the urine in the bladder, and which had previously kept them concealed.—The best plan to discover them when the urine is clouded by urate of ammonia, is to heat a little of the urine in a watch glass; as soon as the urine is dissolved, the uric acid crystals will be visible in the bottom of the glass.

Heated with potassa, uric acid is dissolved and forms urate of potassa which is readily soluble in the alkaline solution; it is not acted upon by hydrochloric or acetic acids, but dissolves readily in nitric acid, and this solution carefully evaporated to dryness leaves a fine scarlet colored residue, which, when exposed to the vapor of ammonia, assumes a rich purple tint. [And on moistening this with a little caustic potassa, a splendid violet tint is developed.] This residue is the *muroxide* Liebig, or the *purpurate of ammonia* of Prout.—Urine depositing uric acid always turns blue litmus paper red, as well as its solution in water; it frequently holds an excess of urea, which causes a slow crystallization when nitric acid is added. In general, the deeper the color of the urine, the deeper is the color of the uric acid deposit; its specific gravity is commonly above 1.020 ; the pale urine of infants at the breast, in which this deposit is very common, is an exception to this rule.

The deposit often occurs as a dark-yellow crystalline precipitate, and at the same time the supernatant urine is pale like water, being only 1.006 sp. gr. This fact is explained by the small proportion of alkaline phosphates which exists in the urine of infants.

CHEMICO-PHYSICAL PROPERTIES OF CALCULI COMPOSED OF URIC ACID.

They are yellowish or reddish-yellow, especially when they are moist ; when divided by a saw, they give a powder similar to the sawdust of wood, which evolves an odor of hydrocyanic acid when gradually heated in an open vessel ; on elevating the temperature to a red heat it burns without residue ; it does not evolve ammonia with the alkalies, but by trituration with the strong alkalies, it forms unctuous compounds, and readily dissolves in those which are diluted, or in excess ; from which it is precipitated in white flakes by acids, which, when collected upon a filter, soon appear like brilliant spangles. It is decomposed by nitric acid, leaving a red residue on evaporating the solution to dryness. Pure uric acid forms small crystalline plates, soft to the touch, inodorous, tasteless, readily reddening litmus paper, and which combine with all the bases. The existence of uric acid in a stone, the same as in urine, is recognized by its solubility in nitric acid, which solution when evaporated in contact with ammoniacal vapor, forms a purplish-red mass, (which changes to violet on the addition of a little caustic potassa.)

URATE OF AMMONIA.

Urate of ammonia very rarely forms calculi unless combined with other substances ; however, it is more frequently found as a part of them than any other urate ; in nearly one half of our analyses it has been met with, very seldom as a principal constituent, but often in considerable quantity. When it forms a calculus, or a layer, it is of an ashy-gray color, burns without residue, evolves a strong ammoniacal odor with alkaline solutions, besides acting with these solutions in a manner similar to that of uric acid ; it is always with an excess of acid ; it presents the same phenomena with nitric acid ; it is more soluble in water than the urates of the fixed alkalies, and its peculiar properties render it easily distinguishable from them ; for instance, the urates of potassa, and soda, leave a residue after the action of heat.

URATE OF MAGNESIA.

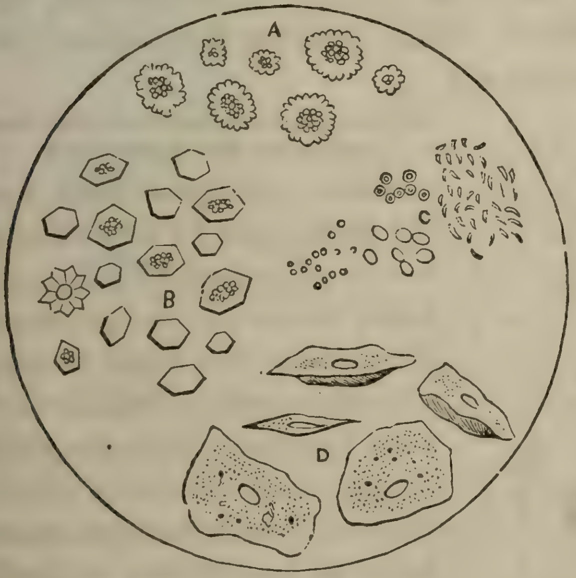
Although urate of magnesia seldom constitutes an essential material in the composition of a stone, yet its scarcity, even in considerable quantity, has been much exaggerated by writers. Among 157 analyses, I have found it 27 times, or nearly ⅙th, and, among others, once as the exclusive material of a very large stone, with the exception of traces of phosphate; I have often met with it in considerable quantity. Next to urate of ammonia, the urate of magnesia is found the oftenest in vesical calculi, and, notwithstanding what has been said, it is much less soluble in water than the former; consequently the reason which has been given to account for its great infrequency among calculi, to-wit, its greater solubility, is incorrect.

URATE OF LIME.

This urate is much less soluble in water than all the others; it is never found in large quantity among calculi, nor free in the urine in crystalline form; it is sometimes found in combination with oxalate of lime, rarely with the fusible elements; but more frequently, when it is present, it is in combination and in trace only with the other urates, and the phosphate of lime.

URATE OF POTASSA.

This salt free from combination with other salts is soluble in nearly 400 times its weight of cold water, and much more soluble in hot water; by the addition of a little caustic potassa, it becomes readily soluble in a small quantity of water. On account of its great solubility, this urate very rarely enters into the composition of a calculus, and always in minute quantity.



A. Cystine, as an urinary deposit.
B. Cystine, crystalized from an ammoniacal solution.
C. Vibriones, found in urine of debilitated persons.
D. Scaly epithelium from the vagina.

URATE OF SODA.

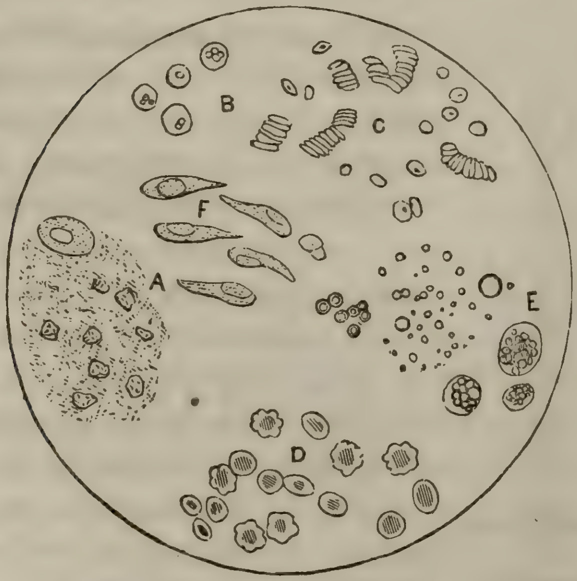
This salt makes a part of urinary calculi; however, it is rarely found in any great quantity, although it forms the principal material in gouty concretions. In many of its properties, it resembles the urate of potassa.

CYSTINE.

These calculi are very rare; there is only one in the collection of Dupuytrens museum. They are formed by an organic substance which is readily recognized by its chemical properties. Cystine is obtained in a state of purity by dissolving the powdered cystic calculi in ammonia, filtering the solution, and then evaporating. The cystine separates in minute crystals which retain no ammonia; its composition corresponds to the formula $C^6. H^6. NS^2. O^4$. It is a light straw colored substance, crystalline, inodorous, insoluble in water or alcohol, but readily soluble in ammonia. It forms a weak base with acids, being easily dissolved by them, but forming no permanent combinations. It may be viewed as a feeble organic alkali. Thrown on burning charcoal, it evolves a garlicy odor, similar to that exhaled by arsenious acid; sulphur has been found in it.

XANTHIC OR URIC OXIDE.

M. Marcet, in a great number of analyses of calculi which he has made, met with a new body of an animal nature, which from its behavior with nitric acid, forming a permanent yellow mass on evaporation not reddened by ammonia, he proposed to call xanthic oxide calculus. But as M. Marcet has observed this body only once, and has acknowledged that it might have been an accidental production; and as I have not found it once during several hundred analyses, I will not describe it, but refer those who desire to know it to the memoir of the author. (Stromeyer has since found it once in a large stone taken from a child; it occurs as a white powder, forming when dried, pale, yellowish, hard masses, when rubbed resembling wax, slightly soluble in water, soluble in caustic alkalies but precipitated by carbonic acid, insoluble in alcohol, ether, and oxalic, or hydrochloric acids, and, exposed to heat, it decomposes without fusion, evolving at the same time hydrocyanic acid, with a peculiar odor.)



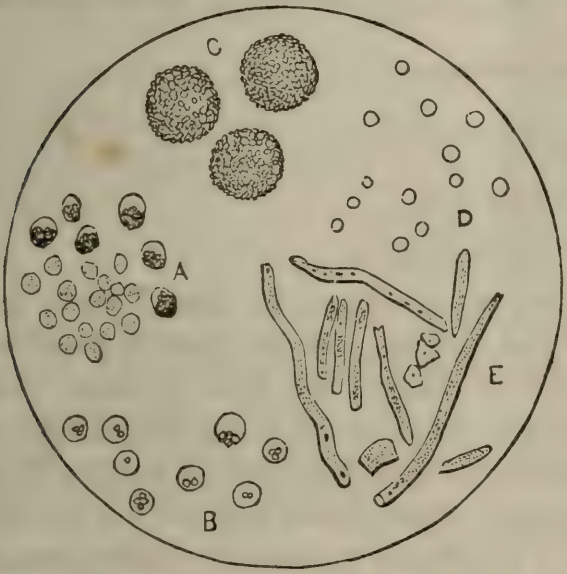
A. Mucus found in urine.
B. Mucus, acted upon by acetic acid.
C. Blood corpuscles, cohering.
D. Blood corpuscles, separate.
E. Oil globules.
F. Epithelial cells of the urethra,

ANIMAL SUBSTANCES BESIDE CYSTINE, URIC OXIDES, AND FIBRINOUS MATTER.

These substance have not yet been isolated; they exist in nearly all vesical calculi especially in those of oxalate of lime, which they color brown, and all the parts of which, they hold together. They probably consist of altered mucus, of epithelium from the mucous membrane of the bladder, of blood, and of the coloring matter of urine.

OXALATE OF LIME CALCULI.

Oxalate of lime calculi are gray, and more frequently of a deep brown color, probably, in consequence of the animal matters which accompany them, nearly always disposed in undulating layers, presenting on their surfaces, tubercles, seldom acute, more often rounded, similar to those of mulberries, giving, when they are calcined, a white, slate-colored residue, easy to recognize by this prominent and constant slate color; the lime is known by its acrid taste, and the carbonate of lime by its effeverscence with acids. When this residue is composed only of lime, it amounts to very near one third of the calculus by weight; it is soluble in concentrated hydrochloric acid, which it colors deep brown, the color of the solution resembling somewhat that of the tincture of muriate of iron. This phenomenon is probably owing to the presence of a large amount of animal matter in oxalate of lime calculi, which agglutinates the particles closely together, giving the compact, smooth, non-crystalline appearance, which these calculi generally present. I have met with it once in the museum of Dupuytren, containing very little animal coloring matter, presenting all the characters of a crystalline calculus, and which we could see was composed of large, white crystals, presented, so to speak, upon a thin layer slightly tinged with animal coloring matter. This kind is exceedingly rare; I have never seen a description of it, and have met with it once. The oxalate of lime which composes these calculi is nearly pure.



A. Pus globules, as they appear in urine, 400 diameters.
B. Pus globules acted upon by acetic acid.
C. Large organic globules, 400 diameters.
D. Small organic globules.
E Coagulated albumen, in Bright's disease.

DOUBLE PHOSPHATE OR AMMONIO-MAGNESIAN CALCULI.

Calculi of double phosphate are white, crystalline, translucent, vitrifiable by a red heat under the blowpipe, they emit ammoniacal vapor when triturated with alkalies, and are not dissolved by them. They dissolve very readily in acetic, hydrochloric, sulphuric, etc. acids.

PHOSPHATE OF LIME CALCULI.

These are white, opaque, non-crystalline, non-vitrifiable, lose hardly any thing by calcination, do not evolve ammonia when triturated with the alkalies, in which they are insoluble, forming with them a thick magma with evolution of heat, and are soluble in acids, but less readily than the ammonio-magnesian phosphate.

SILICA.

Silica is seldom met with in vesical calculi, even in trace. I have not found it in any of my analysis, although having very carefully sought for it; in a stone in Dupuytren's museum, or in an anterior analyses, it is said to have been found in some quantity. It has been described as presenting the same aspect as oxalate of lime, but is less colored; it is easily distinguished by losing nothing on calcination, the residue being insipid, not acted upon by acids, and vitrifiable by alkalies. It has never been found isolated, except once, by M. Lassaigne, in the urethra of a sheep.

[TO BE CONTINUED.]

DYSPEPSIA.

BY H. G. BARROWS, M. D.

There is one trouble, if no more, which should be classed under the head of *multiform* diseases, and that is dyspepsia, for there is no affliction, which calls for the aid of the medical advice, that presents itself under so many different forms as that whose name heads this article.—It has been my fortune, a misfortune, to treat dyspepsia, if not in *all* its forms, at least in a great variety, and I have found that there is no difficulty which requires so great a variety of treatment. Idiosyncrasy seems to have less to do with this, than with any malady in the whole range of medical treatment, and it seems as if the physician was required to be armed at all points, in order to meet the ailment which presents itself in questionable and in unquestionable shapes.

To those of my professional brethren who desire to avail themselves of some of these implements of warfare, I will place at their disposal a few of those, which, with me, have been the most successful in maintaining this unequal contest.

℞ Pulv Goldenseal ℥ ii,
Pulv Capsicum. ʒss,

A teaspoonful in a little sweatened water.

When dyspepsia presents *oppression* as its peculiar and leading symptom, this will be found to be quite effectual in removing it.

℞ Aqua Rosæ Oi,
Magnes. Sulph. ʒvi,
Tr. Cascarilla f℥i,

Half a wine glass full twice a day.

In that form of the trouble, where a *gradual laxative* effect upon the bowels is desired, together with a somewhat general tonic effect, the above will be found to be an excellent formula.

℞ Potassa Carb. ʒiv,
Aqua Cinnamon,
Aqua Pura *aa* f℥ vi,
Tinct. Gentian Comp. fʒvi.

A tablespoonful twice a day. In connexion with which use,

℞ Pil. Aloes cum Colocynth ʒij,
Ft. pil. No. 24.

Two pills twice a week.

These will answer nearly the same indications as the above, the cathartic being a little better than the above, and which can safely be administered, except in cases of hemorrhoids, or of hemorrhoidal predisposition.

℞ Infusion Colombo. f℥ vi,
Carb. Potassa ʒi,
Tr. Gentian Comp. fʒiii.

A half wine glass full, before eating, at noon.

In that form of dyspepsia accompanied by that peculiar debility, known better to the physician than to any one else, this will be found a highly efficacious prescription.

℞ Pulv. Capsicum ℈i,
Ext. Gentian. ʒi,
Pulv. Gentian. q. s.
Ft. pil. No. 60.

Five pills at night, and follow till all are taken.

In that form of dyspepsia known as chronic, this I have found to be almost a *specific.*

The foregoing are a few of the prescriptions which with me have been very effectual, and which I can with safety recommend to the trial of others with hope that with them they may prove as effectual.

There is one other mode of treatment which I mention last, as with some it may cause a smile, but at the same time I can assure such that I have cured some forms of dyspepsia with no other treatment than this, and an occasional exhibition of simple powdered rhubarb, continued, in three grain doses only. The treatment to which I allude in is *mutton.* Boiled, or broiled mutton, but never roasted or fried, has proved with me very successful. I have given it to patients who have declared that they could not digest meat, with the most perfect success; and have found that patients who could not eat stale bread, or soda biscuit without being distressed, could eat their mutton without the least inconvenience. If on trial any *one* of the foregoing prescriptions should prove efficacious, it will more than repay the practitioner in the treatment of this multiform difficulty.

DYSENTERY—ITS TREATMENT.

BY C. H. THOMAS M. D.

Having recently treated several cases of dysentery, I have thought a report of them might be useful, at least for *new beginners* in the profession, and I do not publish my case because of any remarkable peculiarities in the phenomena observed, or the remedies used, but because these are diseases all must encounter, particularly those who, having recently located themselves enjoy the advantages, and meet the disagreeables, of being the *new* Doctor.

Patients that have been under the care of old women, quacks, empirics, and physicians, but whom all have failed to cure, will fall into the hands of the new doctor, and the community will watch his course with great anxiety. As the quack, or the family physician has failed to kill, the people reason that there can be but little danger in trying the new-comer, and it *may be* he will do some good. If he succeeds, it may be to his advantage, but if he fails, he his condemned, and decided to be no better than his predecessors, and then his reputation may sink low, below his deserts.

Every medical man, young or old, if just commencing practice in a new place, will need to excercise caution in assuming the care of these old cases, or he may risk much more than he desires. He should stipulate for plenty of time, and *make no promises.* Excuses for failures, after a promise of a cure, will be difficult to render.

In July last, Mrs. ——, aged twenty-six years, the mother of three children, was attacked with dysentery, and was attended by her physician, who however obtained partial relief, and only for a brief space of time. She remained under treatment for several months, without material amendment, and the friends becoming dissatisfied, on the 28th of December they concluded to try the *new doctor*, and I was called in. Her condition then was as follows:

She was very much emaciated, anæmic, skin very dry and hot, tongue coated with red edges and tips, abdomen very tender and sensiive, pressure gave great pain, the pulse somewhat accelerated, feet cold and appetite quite poor. The bowels discharged blood, mucus, and small quantities of excrementitious matters every two or three hours, with both tormina and tenesmus. The urine was scanty and high colored.

The *treatment* consisted of a hot foot bath, with ground mustard in the water; an alkaline wash to the general surface, which was designed to relieve the skin, and to induce presperation. I also ordered the following internally:

℞. Syrup. Rhei Aromat.
Camph. Tinct. Opii.
Sp. Nit. dulc. āā. f℥j.
Zinci, Sulph. grs. xv.

M. F. Misc. Sig. Dose, one large sized tea-spoonful every two to three hours, as directed.

I also ordered clysters composed of mucilage of gum accacia, opium tincture, and cold water; and cold wet cloths were applied to the abdomen, with a flannel bandage over the wet cloths. These were changed every four to six hours.

In about thirty hours from the commencement of treatment, I ordered the following prescription, and the former preparation to be discontinued, as that had put a stop to the pain, and the discharges.

℞. Podophyllin, grs. x.
Leptandrin, grs. xx.
Lactucarium, grs. xxx.
Pulv. Doveri, grs. xv.

M. F. Chart. No. x. Sig. One to be taken every three hours.

These powders were continued until they produced a full discharge of bile. They were continued eighteen hours, when I ordered Seidlitz Powders to be taken in their stead until the bowels were moved quite fully. These were repeated each hour until the third one was taken; they produced copious evacuations of dark offensive matter from the bowels, and a full emesis of bile and other matter from the stomach. I then ordered the following;

℞. Leptandrin
Quinia Sulph. āā grs. xx.
Morphia Sulph. gr. j.
Ipecacuanha, Pulv. grs. x.

M. F. Pill. No. 20. Sig. One to be taken every three to four hours during the day-time.

Her drink from the first, was the mucilage of gum acacia, or slippery elm, and infusion of catnip. Her foot baths were repeated occasionally, as also was the sponging of the surface, as I consider it always very important to keep the skin, and the kidneys, in a healthy state of activity.

The patient was dismissed on the 12th of January, but began to mend on the commencement of treatment, and was considered convalescent fully one week before.

NOTES AND OBSERVATIONS.

BY J. C, MILLER M. D.

Ferro-cyanuret of Iron. I have used this preparation of Iron, for a great many years, in the following diseases. Apepsia, Enlargement of the Liver and Spleen; Diarrhœa; Intermittents; Scrofula; Epilepsy; Gastrodynia; Poisoning by copper; Mercurial Cachexia, combined with old maltreated syphilis; externally on Cancer, and ulcerations. The *Dose*, as I use it is from 1 to 2—or even 6 grains in powder.

Magnesia Tartarica. In your article on *Chalybeates*, and on page 14, is an error. You state:—"Pereira has used the Tartrate (of Manganese) and other preparations in chronic enlargements of the spleen and thinks that Rademacher's formula is an excellent one."

Rademacher never used the preparations of Manganese, and what probably Pereira means is the *Magnesia Tartarica* (Tartrate of Magnesia.) I here give the original formula of Rademacher.

"Take of Tartaric Acid, at will, and dissolve it in double its quantity of hot distilled water. Filter it, and then add as much Carbonate of Magnesia as will saturate the acid, and evaporate the solution to dryness in a water-bath.

Rademacher has recommended this in some forms of painful affections of the spleen, when other agents had been of no avail. I have tried it in several difficult cases, and can speak highly in its favor. Rademacher gave one scruple of it four or five times a day. Should this dose cause any looseness of the bowels, then less should be given.

Fever—Quinia.—Prof. I. G. Jones M. D.'s treatment of Fever, is the best authority extant in the English language. And yet I differ from the author in regard to pushing Quinia, and Quinism.

Quinia needs about *eight* hours before it takes effect on the system, and if given too often, and at the wrong time retards the cure. Formerly I give Quinia in the pill form, but now I give the sulphate of

Quinia and Chinoidine with alcohol in solution. The Sulphate of Chinoidine is a very good substitute for Quinia, and is very much cheaper.

Iron.—Prof. Jones gives Iron in fevers. It is very good—excellent. So also does Rademacher give Iron in acute fevers. The experiments with the Chalybeates have established this important fact:—That the fear which the profession has had, of the *heating* quality of Iron, is entirely groundless. It *reduces* the activity of the heart.

Gelseminum.—My Brother who is engaged in a very extensive practice, speaks highly of the Tincture of Gelseminun, in Typhoid Fever. He gives it in doses, of from 40 to 60 drops, in combination with the Sulphate or Muriate of Quinia. Your Materia Medica is rich with valuable agents.

Although a pupil of Rademacher, I am not a strict adherent to his views. I choose from every system, and every source and adopt what I find from observation and experience to be valuable. I do not, and never have, during my 27 years practice, given mercury, or bled. I reject the use of the Spanish Fly and blisters, but I use sinapisms. I never use the crystals of Strychnia, but use the Tincture of Nux Vomica, and the water of Nux Vomica, prepared in accordance with Rademacher's formula.

A STATEMENT OF SOME OF THE VIEWS HELD BY THE AMERICAN ECLECTIC PHYSICIANS, WRITTEN IN REPLY TO LETTERS FROM FELLOWS OF CERTAIN REGULAR MEDICAL SOCIETIES.

BY L. C. DOLLEY, M. D.

I have frequently been called upon by physicians of the old practice, to explain why measures and remedies in common use with themselves are objected to by Eclectics. It is presumed that others are importuned in a similar way. The labor of answering individually all such inquiries makes it desirable that there should be published through some Medium convenient for reference, a resume of arguments upon the chief points of difference between the views of *Eclectic* and *old School* physicians.

It is much to be regretted that one who would combat certain ancient prejudices and inveterate habits of the profession, cannot obtain a fair, candid, and impartial hearing through the old school journals. Although the subjects discussed may be treated so clearly as to carry demonstration in every sentence, obstinacy, indolence, and the fear of "reform" form insurmountable barriers to an acknowledgment and acceptation of the conclusions arrived at. The most liberal of these periodicals, professing a willingness to admit into its pages, as legitimate subjects of discussion, "criticisms on the writings and theories of those representing the various doctrines of the present day," excludes that which might serve to demolish too suddenly the dogmas relating to Venesection, Colomel, Antimony, etc. (We may preach against violating the sixth commandment, if we do not address ourselves to doctors.)

Those who do not bow the knee to *Baal* must submit to deprivation and infraction of their rights, and to other forms of injustice, and perhaps it is right that they should enjoy a monopoly of TRUTH. Instead of looking to the profession for "aid and comfort," they must find their chief reward in a consciousness of integrity of purpose, and an inclination and power to accomplish greater good for humanity. Why should not facts and induction be tolerable when arrayed against any questionable theory or measure in medicine? Why should the books and journals which guide most young physicians in their practice always be in some respect's at least twenty years behind the improved state of medical science? An answer is found in what was written by Dr. Thomas Miner many years ago. He says: "When I was a young man, I thought it was only necessary to state facts, and the evidence upon which they are founded, with clearness and precision, to enable, me immediately to obtain universal assent and approbation, but from a little experience, I soon had reason to fear, that the LOVE OF TRUTH was far from being the ruling passion of mankind."

Some may be governed by a love of truth; please let such have the benifits of such light as may be shed by the following, my last letter in reply to communications from a late President of the Medical Society of the state of Pennsylvania, and an Ex-President of the Monroe County (N. Y) Medical Society.

LETTER.

Rochester, March 10th 1857.

"Dear Doctor:—Before considering the various points of your letter, permit me to say that I am an advocate of no sect or ism in Medicine, but simply of *independence* in matters pertaining to the philosophy and curative measures of the healing art, and of a repudiation of the restraints of all parties and sect in professional pursuits and practice. For avowing such independance many intelligent modern practitioners as well as some of Galen's cotemporaries, have been perhaps justly styled *Eclectic.* As modern, or more especially what is known as "American Eclecticism," is yet in its infancy, its peculiarities and principles have not become generally known. Because not generally known, and because its advocates would reform some of the errors in the dorminant theory and practice of the day and rely more upon the safer therapiæ, it has often been associated by the honest well meaning physician with the worse than inert systems (in many respects,) of the divers colored clans of Thomsonians, Root doctors, Botanics, Indian doctors, etc—"Those liberal arts that costs no pains of study, industry, or brains," which have been palmed upon the easy credulity of the public.

Such causes, and the influence of many ignorant and selfish individuals who have advertised themselves as "Eclectics," have led even the intelligent often to believe that the discriminations of Eclectics are governed by predjudice instead of sober reason, and thus to pass them by uninvestigated—condemning without even the lenity of trial. I trust that you are not guided by a short sighted self-interest, which would lead you to labor to keep up this delusion and confound in the public mind a rational effort to improve medical science, based on scientific investigation, with the justly censured and despised effusions of ignorance and imposition, or of wild and visionary speculation.

You have no sufficient grounds for intimating that the "discriminations of science" by the writer, and by those with whom he is in sympathy," are governed by prejudice, let him say, that instead of "commencing his professional career in the opposition" it was commenced in the usual way, and he was "drove up" by a preceptor as orthodox as the Pope himself, and whose name figures conspicuously in the transactions of the Am. Med. Association. More than this, his professional studies were commenced and prosecuted with great confidence in the infallibility of the old system of his instruction under. After nmnerad a preceptor, why should he have availed himself not only of regular lectures and terms of classical observation in hospitals, but also of the standard publications of your system, if his "discriminations have been governed by prejudice?" Has such prejudice led him to avail himself of the regular receipt of at least half a dozen of the leading old school medical periodicals for every one of any other system? There is probably nothing in your *Armamentarium Medicarium*, which may not also be found in his own, and which he would not use if satisfied it would best subserve the interest of the sick. If you can show that you have been thus free from prejudice towards that which pertains to the views of practice of those from whom you may differ, then may one justly presume that you have not been "governed by prejudice in *your* discriminations." It is not always the brother's eye that contains the mote! My friend Reuben has very properly querried—"Were our brains and senses—our apparatus of perception and thought—"irregularly" constructed, any, any more than those of our brothers of the old school?

Were their optics made to see straight before them, and ours to be always perversely looking round a corner? Were their head-pieces made perfect looms, to weave out whole webs of truth without half an endeavor, while ours were fabricated into a set of ill fated fanning mills, which no matter how much wheat of true science they run through, gather only the chaff and cockle into their hoppers?

As good luck will have it, we must look to our opponents once more for the proof before we entertain so disheartening a notion. And let our self-named "regular" friends remember too, while they give the verdict, that none but *drunken men* ever yet changed the sun, moon, and stars with staggering!"

You cannot fail to see if you examine your correspondent's published writings which you say "contain untrue and injurious allegations against the medical profession and which are therefore properly slanderous in their character," that he has based his arguments and statements wholy upon the writings of those of high standing in the profession, and not upon the ravings of Thomsonians and advocates of others "so called systems of reform." In his effort to expose crusted and antiquated error he is happy to find himself in the company of not a few good physicians and learned writers. With such men as Magendie, Brodie, Twedie, Hamilton, and Stokes abroad, and Dowler, Washington, Ames, Hays, Cartwright and others of this country as coadjutors, one can labor on in satisfaction and hope, even with the neglect or animosity of those who choose to remain subservient to certain views and dogmas, and proscribe all who may entertain different opinions. Although he has prefered to draw his arguments from the sources alluded to, he cannot conscientiously withhold respect and confidence in the opinions and experience of such men as I. G. Jones, T. V. Morrow, W. Burnham, King, Buchanan, Cleaveland, Parker, Dixon and other honest investigators.—The experience and conclusions of Medical men are none the less valuable because they refuse to wear professional straight-jackets, and will not be required to believe in certain therapeutical doctrines, in which, even the mass of the profession admit they are losing confidence.

You say you "cannot see why depletion by the lancet is more objectionable than the use of drastic purges." Let us examine briefly the effects of venesection upon the human system. Venesection destroys the coagulability of the blood. It diminishes its viscidity. It lessens the number of red corpuscles. It increases the relative proportion of the serum and fibrine. It enfeebles the constitution and increases its irritability. By these various effects it induces "paucity of blood" which favors the invasion and progress of both acute and chronic diseases.

Do not say that these statements are *hypothetical.* The truth of each of them is fully demonstrated by the careful experiments of Majendie, Andral, Carpenter, Simon, Bernard, and others. Are such effects desirable in the treatment of inflammatory and other affections? If so, when, and why? Majendie found that repeated losses of blood would reduce the coagulum from 70 to 15 per cent of the entire mass. Carpenter says, "the effect of bloodletting has been shown to occasion the diminution of red corpuscles with no decided reduction of the quantity of fibrine." Simon says—"Bloodletting does not much diminish the albumen, but greatly diminishes the red globules."

Majendie, after relating his analysis of the blood taken at successive bleedings from a patient suffering from pneumonia, says, "these augmentations of serum induced by bleeding ought surely to have struck practitioners. I have full room for astonishment at their having excited so little attention." And again. "If certain alterations are effected in the composition of the blood, (its serosity increased) it stops, undergoes morbid changes, becomes extravasated and produces the various disorders which pathologists have vainly attempted to explain by the words inflammation and irritation. * * * * In spite of anything which may be said to the contrary, it is perfectly true that any signal disproporition between the serum and the clot renders the blood unfit for the performance of its functions." Watson says,—"when bleeding is again and again repeated, it becomes as the French say 'spoilative,' it robs the vital fluid of its nutrient material; pushed further, it produces a peculiar state of the nervous system, marked by great nervousness and *irritability*, indeed susceptibility, and disordered action of the nervous system are apt to be aggravated by bleeding."

If anything more than common sense is necessary to convince me that such results are not desirable in the management of those diseases where venesection is ordinarily practiced, the best of reasons are not wanting. Majendie says, "there is further proof that a certain share of viscidity is an essential requisite for the healthy circulation of the blood. * * * * * A superabundance of serum in the blood is in my mind a positive contraindication to bloodletting; and I conceive that this fact will sooner or later be admitted as a fundamental position in the treatment of disease. * * * We are also justified in proclaiming that, men who bleed, without giving themselves the least uneasiness about the disorders that follow the removal of the blood, both in that fluid itself, and as their consequence in the various organs—who look on these disorders as curable by bloodletting, while they are in reality produced by it, act with most reprehensible blindness. In simple language they do mischief when they imagine they are doing good, mischief on which often depends the death of the patient. I commenced *my medical career* imbued with the *prejudices* of the schools, and like my brethern I paid tribute to scholastic dogmas. At the present time, when more correct notions on pathology have replaced those of former days, it appears to me that the more the blood abounds in serosity, the more probable it becomes that the consecutive exhalations of the serous membrane will be abundant; and hence, that, to use the *orthodox* language, inflammation will be more violently developed. I do not hesitate to assert that the anti-inflammatory bleedings ordinarily, according to the constitution of the individuals undergoing them, help to determine the serious accidents observed to follow those operations.''

After showing the folly and the ludicrousness of the ''fingering'' for an appearance of *buff*, this eminent writer adds; " when we consider gentlemen, that in spite of the plainest and most forcible facts, the majority of medical men persist in blindly following a regular routine that brings discredit on the act, we are surely justified in applying to them these words, *they have eyes that they may not see.*" When arguments as sound as Majendie's against bleeding are brought to bear against Podophyllin or other cathartics I shall without scruple ''throw physic to the dogs." His talents and position as you once said of Dr. E. of this city, enabled him to speak and act without fear of professional ostracism.

Other eminent writers have corroborated the foregoing views. Hunter says of inflammation, " when the constitution is strong, then it will commonly be the most manageable." Sir A. Cooper and Andral demonstrate the fact that weakness favors inflammatory action. Hunter acknowledges that bleeding may develope lockjaw and other diseases, and that in weak habits inflammation is slow in any of its salutary effects, and is hardly capable of either producing the adhesive or superative inflammation.

Prof. M. of Vienna, quotes Richter of Dresden, as follows: "*Poverty of blood*, is next to cancer and tuberculosis, the increasing evil of our times, which will bring down a gradual deterioration of the race and therefore merits our most earnest consideration." According to Valentine, "most neuralgic affections are caused by anæmia, an anæmic mother will produce anæmic children, etc. Some of our once very consequential regulars should inform these fanatical writers, that the foregoing views are irregular and Eclectic heresies.

But you may say, it is certainly slanderous "to assert that venesection is not applicable in *apoplexy* and *pneumonia* for which it is prescribed in every regular treatise on practice, since the days of Cullen." Eclectics in their efforts to set aside depletion by the lancet in these diseases have able confederates and allies. Hear what some of them say and testify to. Cruvilhier and Aussaquel relate cases where bleeding was resorted to for threatened apoplexy and cerebral effusion, in which it gave rise to immediate and complete hemiplegia and other forms of paralysis. Dr. Physic is acknowledged to have proved more than half a century ago, "that, in cases of apoplexy with effusion, the presence of the fluid cannot be considered as a cause of the apoplectic symptoms." Marshal Hall makes it clear that so far from being any pressure on the brain, interrupting the manifestation or transmission of nervous fluid or sensorial influence, being the essential cause of apoplexy, that the disease very often occurs from anæmia and inanimation, dyspepsia, gout and rheumatism, or anything that vitiates or impoverishes the blood; excessive bleedings from the arm may produce it; so will Brights disease, also fright, fear, joy, anger, &c. Prof. Warren Stone says: "for the prevention and cure of Apoplexy bloodletting if not useless, is at least an improper remedy. Dr. Cartwright says: "no wonder that the apoplectic forms of disease have proved to be more formidable and fatal under such a routine practice, directed by but one idea and that erroneous, than they were in ancient times. Even at the present day, the closer the text books are followed, the more fatal are such complaints; the best read doctors, fresh from the best schools, have the worst success. The announcement I made to Prof. Jackson that they may be almost as readily cured as intermittent fever, will cease to startle the profession as soon as the inductive sciences have been brought to bear upon them,and every vestage of that hypothetical pathology discarded, which has so long directed their treatment."

Of bleeding in pneumonia, Dr. Guthrie says (*London Lancet*, June, 1853,) " that by bleeding we always obtain a dimunition of the fever, of the oppression, and of the bloody expectoration, so as to lead the paitents and the attendants to believe, that recovery is about to take place; after a few hours, however the unfavorable symptoms return with fresh vigor, and the same scene is renewed, often five or six times after as many venesections."

The statistics of Dr. Dietl, the Austrian physician, will be remembered, which show one death out of every five patients bled in pneumonia, and but one fatal case in thirteen; and a half of those treated by a purely expectorant method. Dr. Ames in the *N. O. Medical and Surgical Journal* (Jan. 1834) presents his objections to blood-letting in pneumonia in two aspects. "In the first a considerable mitigation of the symptoms has been obtained, which lasting but a few hours, has been followed by a reaction in which the disease has passed in point of severity, that which it had previously attained; that is to say the pulse became in the meantime more full, frequent, and sometimes harder; the respiration increased in frequency, while the restlessness and general feeling malaise were aggravated. Along with these outward signs there was more or less evident extension of the diseased parts. In this manner the effect of one bleeding was to render the indications for another more urgent, and if repeated it was again followed by temporary relief and an ultimate aggravation, results which I have known to follow diurnal and semidiurnal bleedings, until the near approach of a fatal issue arrested the treatment. Such effects from bleeding, there is reason to believe, are not confined to any particular climate or locality. Of this, any one, I think may satisfy himself, who will study carefully, in reference to this matter, the published clinics of European Hospitals, where he can hardly fail to find examples of the kind.

In the second of these aspects, no mitigation of the symptoms followed the bleeding, the immediate effect being to quicken the pulse and to enfeeble it; and though there might be a subsidence of the pain, the condition of the patient was in either respects altered for the worse. * * * The unfavorable effects of this remedy have not appeared to be governed by any specific circumstances that can be appreciated in individual instances, so as to enable me to determine before hand, the probability of a good or bad effect from it. * * * * The test has been so applied, and the observations of many years have satisfied me that sudden and violent changes for the worse—of the kind here spoken of—do not occur in the progress of pneumonia, unless bleeding constitutes an essential part of the treatment. Perhaps it would be more accurate, instead of stating the conclusion in such general terms, to say that under my observation they have not occurred in one-hundred and thirty-two cases not bled."

Read what Dr. Washington says (*Nashville Jour. of Med.* July, 1854.) "Bleeding cannot reduce the pulse except by lessening the vital power so much that respiration is primarily reduced, and the pulse secondarily; hence it is entirely unnecessary and inexpedient to bleed, because we have better remedies, those which will strike directly home to the very part that ought to be struck; leaving the strength to promote a rapid convalescence. We have been contented for a number of years with this loss of strength, regarding it as an unavoidable evil, imposed by the hard necessities of the case, but now that a flood of light is poured upon our pathway, no more perplexing questions whether to bleed at all, or whether to bleed freely or not, need harrass our anxious minds." In view of the foregoing considerations, is it orthodoxy to bleed, or not to bleed in apoplexy and pneumonia? Do you regard the writers quoted from and those who hold similar views "regular" "irregular" or "defective."

Before dismissing the subject of venesection, permit me to call your attention to the doubtful propriety of bleeding in cases of puerperal convulsions, a measure which our American old school authors are unanimously in favor of. Prof. White, writing respecting the largest hospitals in the world, those of Vienna, and, the physicians to the same, says: "It is held by Dr. Baum, in common with most of the accoucheurs of this city, (Vienna,) that Eclampsia is a result of a sour condition of the circulating fluid, a want of fibrine in the blood, which can only be relieved by improving the hæmatosis. He regards bleeding therefore not only as useless, but as absolutely increasing the difficulty, by impoverishing still more the sangniferous fluid. He maintains that in a single instance, in which blood was found in the cavities of the brain," (probably a result, not a cause of the convulsions,) "during the last four years, bleeding was inadmissable in consequence of the state of the pulse and strength. * * * In a careful record of 6600, cases of labor, Dr. Arnoth assures me, that although all fatal cases were examined, in no instance of death after convulsions was their effusion in the cerebral cavities. On the contrary, there was found on examination an *exsanguine* or anæmic state of the cerebral mass.—During the early part of his professional life he had resorted to free venesections, but he is now thoroughly convinced that they are neither necessary nor useful."

As the practice of bleeding has not confined to these more formidable diseases, but has been resorted to in all grades of acute affections (one old school physician not fifty miles from this city, bleeds all consumptive patients who fall into his hands,) down to a common cold for which Guy Patin was bled seven times, and "thanked God that he was now rid of it, and only wanted strength," is it a matter of surprise that Dr. Tully says; "the lancet is a weapon which annually slays more than the sword, and that Great Britain, without doubt, loses every year more subjects by these means"—depleting measures—"than the battle and campaign of Waterloo cost with all their glories!" Well may another author indignantly exclaim: "What then is the condition of man in this frail mortal state. Has he constant tendency to rise above health. Is it the sole business of the physician, to debilitate and derange his solids, to abstract and impoverish his fluids, in order to *reduce and bring him down* to the standard of health? Such practices have been the scourge and devastation of the human race for more than two thousand years!" Such is the testimony of a few, from among a large number who might be cited, respecting the inutility of venesection. *You* cannot see "why depletion by the lancet is more objectionable than the use of podophyllin."

Pray inform me, which among the whole catalogue of diseases, have been demonstrated to result from an excess of blood? But bleeding is proved to be many times a direct cause of inflamation; if so, how does it accomplish the singular anomaly of curing it at the same time? We see, if it is resorted to under the most favorable circumstances, its success is anything but sure and permanent, and if it fails, it induces serious consequences, which may be avoided by the use of other measures. It is very well established that it predisposes to, and aggravates acute diseases, apoplexy, pneumonia, and puerperal convulsions, and leads to the development of the worst chronic diseases of our times, cancers, tubercles, dropsies, paralyses, neuralgic affections, etc. The lancet will afford temporary relief to the fullness of the bloodvessels, and to some of the attendant symptoms, but is it desirable to produce the *abnormal* conditions of the system alluded to, so frightfully destructive, to accomplish ends which can be attained with greater certainty, and more safety by other means which do not waste the vital fluids? Verily this subject "merits our most earnest consideration."

[TO BE CONCLUDED IN THE NEXT NO.]

ASCLEPIAS TUBEROSA.

BY D. E. SMITH.

This plant is recognized by several common names, among which are the following: White root, Colic root, Pleurisy root, Wind root, &c. It is also known in some parts of our country, (particularly in New Jersey) by the name of Butterfly weed, from the fact that its beautiful flowers are frequently covered by these insects.

The genus to which this suberb plant belongs, takes its name from Esculapius the ancient god of medicine.

It first attracted attention by its beauty; and the Tuberosa is perhaps one of the most elegant plants of which our country can boast. It is a native of North America, and its geographical distribution is very extensive, being found from the extreme north, to the southern boundary of the union, but more abundant in the Southern States.

It is generally found in fields, preferring gravelly or sandy soil. Its flowers which are of a beautiful orange color, make their appearance in June or July. Unlike the other species of Asclepias this plant does not emit a milky juice when broken. The root alone is the part used for medicinal purposes.

Schoepf I believe, was the first to bring its medicinal properties to notice. He says that it is diaphoretic and astringent, and adds in another place, that it was found a certain remedy in pleurisy.

Dr. B. S. Barton was the next writer that noticed it. He says: "It is said to possess a remarkable power of affecting the skin, inducing general and plentiful perspiration without increasing the heat of the body, and also that it is much employed by practitioners of medicine in some parts of the United States, particularly Virginia, as a remedy in certain forms of fever, in Pleurisy and other affections. He esteems it as one of the most important of our indigenous medicines.

Dr. Chapman states, "that it is distinguished by great certainty and permanancy of operation and is well suited to excite prespiration in the forming stages of most of the inflammatory diseases of winter; and is not less useful in some cases at the more advanced period, after the reduction of action by antiphlogistic remedies.

Dr. Parker of Massachusetts who employed it for twenty years had the greatest confidence in its curative powers.

Beach, Eberlie, Kost, Smith, Mattson, Howard, and Wood, all speak very favorably of it as a medicine. My own experienee in the use of this remedy has been somewhat extensive, having prescribed it more or less in my practice for the past twelve years, and it being a favorite medicine with me in various diseases, I feel that I can speak in a practical point of view, with confidence in its favor,—I have observed in administering the Tuberosa as a medicine that its distinguished properties were diaphoretic, and expectorant; and that it acts without increasing the force of the circulation, or augmenting the heat of the body, hence its peculiar adaptation in the treatment of the varied forms of fever, pneumonia, pleuritis, bronchitis, catarrh, peritonitis, coughs, colds, consumption, &c.

The following formula I have used with decided success in some of the above named diseases.

℞. Asclepias Tuberosa, ℥ ss.
Nepeta Cataria.,
Pterospora Androm., āā ʒij.

Crush and add of boiling water Oij; of this give two fluid ounces every thirty minutes.

A few doses thus given in connection with a mustard foot bath will excite a general diaphoresis, equalizing the circulation and thus producing a very tranquilizing and favorable condition of the patient.

By ordering three grain doses of the Powdered Tuberosa every four hours, I have frequently succeded in arresting the most obstinate coughs in the short space of four or six days, and that too, when the ordinary remedies had been given in vain.

There is in this city a Homœopathic Physician to whom I have furnished at different times a large quantity of this root, and who once remarked to me as follows, "If I should practice medicine for a hundred years, I never would give up the Tuberosa for I have seen so many good results from its use that I feel, should I do so, there would be a vacuum in my Materia Medica, that as yet I have no remedy to fill." A remark which gives substantial proof of the estimation in which he held it. By combining it as follows:

℞. Asclepias Tuberosa,
Ceanothus Americanus āā. ℥ iss
Macrotris Racemosa,
Sanguinaria Canadensis, āā ℥ss.

Crush and make in two pints of syrup, we have an excellent compound for chronic Bronchitis, Tracheaitis, Laryngitis, and in a word for all chronic affections of the throat and upper portion of the lungs. By the use of this syrup in connection with the following application externally as an vesicant:—

℞. Ol. Tigilium Crot.,
" Olive,
" Terebinth., āā fʒj.

And followed up for four or six weeks we always relieve, and often entirely cure the above named obstinate diseases.

The Asclepias Tuberosa has not as yet, to my knowledge, been added to the Homœopathic Materia Medica, but from recent experiments upon myself with this article while in health, I should think very favorably of its use in night sweats, Diabetis, Pyrosis, &c.

CANTHARIS VITTATA, OR THE POTATO FLY.

BY JAMES CROOKS, M. D.

In the present remarks to the medical profession through the columns of the College Journal of Medical Science, it is my object to recall to their minds an agent which many of the medical writers have passed by in silence—an agent which but a few number of practitioners have never used, an agent which our country affords in abundance and is neglected I think, because it is so common and so easily obtained. This is an instance, among many others, of the neglect which has been so long shown to many of our indigenous medicines.

Enormous sums of money are expended yearly for cantharis vesicatoria which is pocketed by foreigners, while at the same time we have an article in our own country for which we might put into the pocket of our own people the money that is given strangers, and we be furnished with material superior in strength, owing to the greater freshness of the article. The agent I refer to is the *Cantharis vittata* or common potato fly, which destroys annually thousands of bushels of potatoes. This insect is also very fond of the tops of the common garden beet, and the leaves of the Sambucus canadensis.

The potato fly is rather smaller than the spanish fly. Its length is about six lines. The elytra or wing cases are black, with a longitudinal stripe along the center of a yellow color; the margin is also yellow. The head is a light red color with dark spots on the top, the feelers are black, the thorax black with three yellow longitudinal lines; and the abdomen and legs which are also black are covered with a fine ash-colored down.

They are said by medical writers to possess all the virtues of the imported fly over the bladder and urethra. Not having tried their virtues in that regard, I am unable to say any thing about those powers, but would suppose that the effect would be the same because they often produce strangury when applied externally. I have made use of them for vesicating purposes for the last five years, and find them always prompt and energetic in their action, which I presume is owing to their freshness. For bad cases they are far superior to the spanish fly, for the shortness of the time in drawing and the deepness of the sore they produce. Persons that have had them applied to them seem to think that they make a sorer blister than the flies, which, as I suppose, is owing to their greater freshness, for age causes them to be more mild.

I have had some for three years and find them when kept to be about equal to the Spanish fly. The manner that I first used them was to pulverize them, having them sewed up in a small sack the size that I wished the blister, then wet the sack with vinegar and apply it, and as the sack would become dry moisten with vinegar; and in from two to four hours there would be a fine blister produced. When I wish to draw a blister quickly I use them in this manner. It requires some little caution in wringing out the sack, for where the vinegar runs it will vesicate about as quick as where the sack is applied. As vinegar extracts the properties quickly, there can be a nice vesicating fluid made by saturating the flies in vinegar which can be nicely applied by wetting a linen cloth and laying over the part to be blistered. When the fly is made into cerate it is more mild than when applied in sacks.

The potato flies are easily collected by shaking them off in a tin vessel. A large tin pan is all the implement that is needed. To kill them pour over them some scalding water and dry them in the sun.

Remarks.—We are pleased to know that this agent is again attracting the attention of our correspondant and the profession, for, although the *Cantharis vittata*, has been adopted by the United States Pharmacopœia as official, and has been used by a few practitioners for a long series of years, I am sure it has not attracted the attention either in a therapeutic or commercial points of view, which its value deserves

It was described and figured in the *Journal of the Philadelphia College of Pharmacy* about twenty-five years since, and spoken of as making its appearance about the middle or latter part of summer, and visiting the plants during the cool parts of the day, in the morning and the evening, but retiring to the soil during the heat of the day.

It is stated that Fabricius first described the insect in the year 1781, but that Dr. Isaac Chapman of Penn. first introduced it to the notice of the profession. Prof. Procter of Philadelphia has obtained *Cantharidin* from the Potato fly.

Mr. William R. Warner of Maryland has taken considerable pains to test the comparative value of the Cantharis vittata, and the Cantharis vesicatoria. He obtained the Cantharidin from 500 grains of each variety, and found that amount of C. vesicatoria to yield 2,03 grains of Cantharidin, while 500 grains of C. vittata yielded but 1,99 grains. It will be perceived the difference between them was slight.

He also prepared a cerate from each of them, and that there was hardly any perceptible difference in the action of each, although he was of the opinion that the C. vesicatoria was somewhat more active.

Mr. Warner prepared a nice blistering cerate by digesting ℥iv. Pulv. Canth. Vittata in oil of Turpentine for twenty-four hours, then transfer-ing it to the percolator and pouring on boiling oil of turpentine until f℥jv. of the liquid had passed through. The liquid was then by means of the water-bath evaporated to about f℥ss, and to this added White Wax ℥iijss, and Lard ℥vj. These were melted together and intimately mixed, and constantly stirred until it cooled.

To protect flies from the action of the *mite*, Mr. Warner, recommends that the oil of turpentine or fragments of white turpentine be placed among them.

There are several species of Cantharis in the Southern and Western states which may prove of considerable commercial value. The *Cantharis Nuttali*; the *Vittata Nuttali* as it is styled by Say in the *American Entomology*, was found by Capt. Long and his party, when exploring the Missouri and the Columbia rivers, on the plains of the Missouri, in such quantities as to completely cover the scanty grass to a considerable extent, and at one time they were obliged to sweep them away by bushels in order to have the ground cleaned for pitching their tents.

This fly is larger than the *C. vittata*, its head is discribed by Nuttali, as being of a deep greenish color, with a red spot upon the front, the chest is of a golden green, the elytra or wing caps of a golden purple and somewhat thrown into ridges on the upper surface, but green and quite smooth underneath, the feet are black, and the legs and thighs dark, or purplish. It is a beautiful bug, and in some seasons and localities can be gathered in large quantities. In gathering them it is well to immerse them at once in scalding water, and afterwards dry them thoroughly.

The amount of the Cantharis which could find a market, may be infered from the fact that nearly *ten tons* are imported annually into England. C.

THE "BRAIN FEVER."

BY DR. J. W. CRAIG.

The epidemic in this immediate locality has about ceased. I have not seen any new cases for several days, but I still have a few of the old cases on hand, who are recovering.

I have had the charge of about sixty cases, which have had some of the more prominent symptoms of the epidemic. Headache is common to them all, as well as fever, delirium, convulsions, stiffness of the muscles of the neck, dilitation of the pupils, strabismus, pain in the back, extending down the spine and ending in involving the extremities.—Nearly all of these symptoms are more or less manifested in every case.

In *four* post mortem cases, all of which proved fatal within twelve hours from the first chill, I have carefully noted the appearances. In one case we found two abscesses of the size of walnuts, filled with pus. In one case, there was an effusion of lymph under the piamater. In all of them, there was a red and engorged condition of the brain and its coverings, as well as softening of the substance of the cerebral mass. In two of the cases the abdominal and thoracic viscera were examined and found healthy. In the other two cases we did not examine those parts.

I had no personal knowledge of the epidemic of 1810-13, as referred to by Prof. Dolly, but the present epidemic is entitled to be called "Spotted," as in most of the cases I saw, I have observed an eruption very like the rose-colored spots of Typhoid Fever. It is sometimes called "Sinking" but I am of the opinion that it is essentially a disease of the brain and spinal cord, and their coverings, and may properly be known by the name *Brain Fever*, already given to it. It may be called *Cerebro-spinal meningitis*, for in the cases which I examined, I found no pathological lesion except in those parts. Except I saw in some of the cases there were evidences of some gastric difficulties, but not of a serious character. One of the early symtoms is vomiting bilious matter, but this may be owing to the disease of the brain.

In regard to the *cause*, I have been led to suppose, the cases origin must be miasmatic. After the cases have continued for six days, there have been regular exascerbations of the febrile symptoms either every day or every other day.

The *diagnostic* symtoms are, the peculiar pain in the head, intolerance of light, stiffness of the neck, approaching opisthotanos, and the spots of redness.

The *prognosis* is favorable provided the cases are seen in season, and properly treated. Of the sixty cases treated by me, one only has terminated fatally. Four cases died so soon after the attack, that no medicine had been administered.

Treatment.—Usually nothing was done until after the first chill, and the febrile symptoms have presented. Then if seen within six or eight hours, I have used a free cathartic, and also free sweating. The majority of cases if treated early after the attack, will immediately and rapidly improve. But should the patient not improve at once, I have used opiates, nervines, tonics, and stimulants. In a few cases of enfeebled constitutions, I have used tonics and stimulants from the first, but when the patient was in robust health, previous to the attack, the early use of cathartics has proved most successful with me. I believe there is a state of *congestion* that can be relieved by these means, if adopted early, which cannot be benefitted by cathartics when the disease has progressed far.

I think treatment has but little influence in subduing the disease after the first stages, and I should advise a mild, gentle, and expectant mode of treatment after the first, rather than risk any debilitating or purtubating measures, giving tonics, and strengthening medicines and sedatives to subdue the pain. I have in no instance found Quinia put a stop to the appearance of periodicity.

I have also been careful to keep the bowels loose, and the stomach in a condition to receive nourishment to support the system. If convalescense does not occur within a week, the case is liable to become very much protracted. I have four or five cases that have been under my care five weeks, and yet they do not gain much, and for aught I can see, it must be some time yet before they will be fully restored.

Churchill, N. Y. April 30 1857.

CASE OF OBSTINATE CONSTIPATION.

BY ABRM. LIVEZY, M. D.

The following case was treated by Dr. L. C. Rice, a graduate student of mine, whilst resident physician at the western Infirmary, Philadelphia, and which I deem worthy of being filed in your journal.

Mrs. C. B., aged 20, was admitted July 28th, has been sick three months, has not had an alvine evacuation since the 1st. inst., constant distressing pain in the head, and worse at night than at any other time.

Appetite poor, eats nothing but green apples; and of them constantly throughout the day, to the amount of at least a half peck. She is harrassed with a distressing pain in the epigastrium of a gnawing character for a few minutes at a time, which then ceases for a like period, and which a drink of iced water will relieve temporarily.

A fulness or a sense of distension is felt in the bowels, vomits in the morning a very bitter greenish fluid, taste bitter, and sometimes nasty and stinking, tongue large, fissured, and coated with yellow. Sclerotica yellow; frontal head-ache, clammy skin, pulse 84, breathes quickly.

She was put upon the following.

R. Sanguinaria, gr. xii.
Sacch. alb., ʒi. mix intimately.

Fiat chart. No. xii. Sig. one every two hours.

July 30. Mrs. B. is better since the 28th, has had no pain in the head, and the epigastric distress is gone. Appetite improving, can eat meat, but continues to eat apples; the feeling of fullness disappeared, notwithstanding. Complained of feeling heavy headed at first after taking the powders, but this feeling soon passed off. Bowels were moved on the evening of the 29th., 24 hours after commencing the powders and again this morning.

Shortness of breath has disappeared—skin feels healthy—tongue nearly clean, but little bad taste now, and vomiting has ceased.

Powders continued every 4 hours.

Aug. 2nd. Reported cured: Feels in every respect well.

N. B. She had frequently taken salts without any cathartic effect, during the period previous to commencing the above treatment.

MANGANESE AND IRON.

BY PROF. CLEAVELAND.

Since publishing the article on Iron and Manganese, in the January No. of the College Journal, I have had many letters of enquiry in regard to the various preparations of these agents, which have been found useful, and to save trouble in writing letters, I have decided to present the following formulæ.

Mr. Petrequin made frequent use of the ferro-manganates, and M. Burin-Duboisson published a paper in which he gave the details of his mode of manufacturing several preparations

PILLS OF CARBONATE OF IRON AND MANGANESE.

To make these he took of pure Sulphate of Iron, seventy-five parts; pure crystalized Sulphate of Manganese, twenty-five parts; crystalized carbonate of soda, one-hundred and twenty parts; honey, sixty parts; water a sufficient quantity to form the mass—make into *three grain* pills. *Dose*, one pill, two to four times a day.

SYRUP OF LACTATE OF IRON AND MANGANESE.

This is prepared by taking of the Lactate of Iron and Manganese, four parts; powdered sugar sixteen parts, rub them together, and then add of distilled water, two-hundred parts. Dissolve them quickly, and pour the mixture into a matrass over a water-bath, the matrass containing three hundred and eighty-four parts of broken sugar.

This syrup contains fifteen parts of Lactate of Iron, and five parts f Lactate of manganese, in three-hundred parts.

The *dose* is one tea-spoonfull, repeated three or four times a day.

THE SYRUP OF IODIDE OF IRON AND MANGANESE.

This syrup was made by dissolving three grains of Iodide of Iron, and one grain of Iodide of Manganese, in eight grains of water, and to this adding three-hundred and twenty-two grains of simple syrup.—The *dose* of this is one or two teaspoonfuls daily.

Mr. William Procter, Jr. prepared a Syrup of Iodide of Iron and Manganese, of the official strength of the Syrup of the Iodide of Iron. His formula was as follows:—

℞ Iodide of Potassium , grs. 1000.
Proto-Sulphate of Iron, grs. 630.
Proto-Sulphate of Manganese, grs. 210.
Iron filings—pure, grs. 100.
White Sugar, in coarse powder, grs. 4800.
Distilled water, q. s.

Triturate the Sulphates, and the iodine separately to powders,—then mix with them the iron filings,—add half a fluid ounce of distilled water, and triturate to a uniform paste. Let the mass stand a few minutes, then add another half a fluid ounce of distilled water, triturate and allow the mass to rest a little time, then add another half a fluid ounce of water. Then put the sugar in a bottle capable of holding some more than twelve fluid ounces. Insert in the mouth of the bottle a funnel, with a moistened filter. Remove the mass in the mortar and as liquid passes through the filter distilled water is to be poured on a little at a time, until all of the iodides is washed through. Add boiling water sufficient to make up twelve fluid ounces, and agitate the bottle until all of the sugar is dissolved.

The dose of *this* Syrup, is from ten to thirty drops.

CATARRHUS ÆSTIVUS.

BY J. BURGER M. D.

During the month of June last, I was called to see J. F. aged seventeen, who had been laboring under an affection of six weeks duration; and, under the treatment of a practitioner, had become much debilitated. After a careful and strict examination into the history of the disease, as to its origin, symptoms, and attending circumstances; I pronounced it a case of Catarrhus Æstivus. It would be proper to remark that the physician in attendance, named the disease Influenza, and made his treatment consist of bleeding, blistering, leeching, cupping, an mercury. In the examination as to the origin of the affection, I learned that, seven months previously, the patient had been attacked with Scarlatina of the anginose variety. After his recovery, sometime in the month of May, he experienced a peculiar sensation in the back part of his mouth and nostrils, when going about during the day; but ceasing when he was within doors. At length, however, the sensation was permanent, and speedily attended by the following symptoms;—fulness and tenison in the frontal sinuses, slight stoppage at the nose, sneezing, discharge from the eyes and nostrils, and dyspnœa. The increase in severity of the dyspnœa, was attended by a mitigation of the other symptoms, and gave rise to a wheezing inspiration. This train of symptoms, was followed by mucus expectoration, and symptomatic fever, which had, aided by the treatment, reduced the patient very much.

There was a slight cough when the expectoration took place. Here, were symptoms common to simple catarrh; but the peculiar pricking sensation, irritation of the eyes, their aggravation when the patient was out of doors, and mitigation when in; together, with the gradual increase of the dyspnœa; clearly pointed to some local cause. I, at once, suspected the cause to be the effluvia arising from the grass, which, was then in full bloom. I then made inquiry, as to whether he had observed some relation between the effluvia and his complaint. He replied, that in the commencement of his indisposition, he was in the habit of resorting, during the heat of the day, to the shade of a Maple tree, that stood in a clover field near by the house, to refresh himself, and to read as the state of his eyes would permit; and that he, uniformly, found his complaint aggravated by so doing; and was obliged to leave with streaming eyes, and irritated nostrils. This circumstance established, unequivocally, in my mind the fact, that the morbific agent in this disease was effluvia that arose from grass in full bloom.

Aware of the peculiar action of chloroform upon the mucus membrane in catarrh, I directed it to be used as a palliative; to be inhaled until its anæsthetic effect was slightly manifest, six times during twenty four hours. I also determined upon a tonic and alterative course of treatment; to which end, I ordered.

℞. Quinidia, grs. iij.
Elixor Vitriol, gtts, x.
Fld. Ext. Stillingia, gtt. i. M.

To be given three times a day, in a tablesponful of water.

The treatment was efficient. The inhalation of cloroform by the nostrils and mouth, relieved the symptoms; and the other preparation, in a few weeks, broke up the disease completely. The patient afterwards went about the fields and meadows, but had no return of the disease.

Other methods of treatment have been pursued. Dr Bostock, of England, recommends " bathing the eyes in tepid water, and fomenting the face generally, occasionally applying small blisters to the chest, mild purgatives, small doses of ipecacuanha, Dover's powder, squills, and digitalis, bathing the feet in warm water, using a moderate but not spare diet, perfect rest, and to avoid all extremes of heat." Mr. Gordon remarks, that "symptoms are speedily removed by the tincture of lobelia inflata;" and recommends " the cold shower bath as the best prophylactic." Dr. Elliotson, states that " the sulphates of quinia and iron given in combiniation, completely cured the complaint in his two cases." He also recommends, " the chlorides, as decomposing agents." Dr. Watson, suggests a "trial of the Respirator."

From the above case, I draw the following conclusions:—

1st. That Scarlatina may create an idiosyncracy obnoxious to summer Catarrh.

2nd. That the catarrhal disease may be radically cured, without a removal of its subject from the exciting cause.

3rd. That such cures are procured by the tonic and alternative plan of treatment.

4th. That chloroform, by inhalation, will quickly remove the most urgent symptoms of the disease.

The rare occurrence of the above disease, and its simple treatment, has led me to report the case to the readers of the College Journal.

"CASE FOR DIAGNOSIS AND TREATMENT."

BY J. M. HAWKS M. D.

In the March No. of the Journal, there was a description of a " Case for Diagnosis and Treatment." It is my opinion that all those symptoms might arise from gradual softening of a part of the right hemisphere of the brain. If the patient be not already dead of apoplexy he is almost certain to die thus in a short time No treatment will avail anything. May we not know how the case terminates?

EDITORIAL DEPARTMENT.

MEDICAL CONTROVERSIES AND PERSONALITIES.

As conductors of a monthly periodical, and especially a medical journal, we have no desire nor intention to pander to the depraved and groveling tastes of some portions of mankind. There are persons in every community who would forsake their business or leave their meals at any time to witness a street fight between either men or dogs. This propensity is pretty well hit off in a little fable with which we have met somewhere in our reading. St. Peter happened, unfortunately, on a certain occasion, to be somewhat remiss in scrutinizing the applicants for admission into the celestial city, and a group of Spaniards got beyond the gate without giving the countersign. As it was desirable to avoid a breach of the peace, it was determined to expel the intruders by a ruse. The gate was thrown open, and the cry of "Bull fight, Bull fight," raised without the wall, whereupon the pleasure seeking Spaniards rushed impetuously forth, and the prompt closure of the gate prevented their return. To this we should not object, as a temporary expedient at any time to get rid of bad company, but we certainly have no desire to draw around us such a crowd as might be attracted by any similar outcry.

We do not intend to act as gladiators in any of the amphitheatres which may be frequented by excitement seeking crowds, nor keep up a show of warfare, merely through fear that the public in a time of peace may cease to feel an interest in what we say or do. We shall leave to the secular newspapers the perhaps profitable, though disgusting duty, of detailing Burdell murder cases, and Kalloch adultery trials, together with the endless variety of nicknacks in the form of elopements, rapes, and garroting enterprises. We will leave to such medical journalists, as have a particular penchant in that way, to revive or continue controversies which have long lost all interest except the excitement which may attend an angry discussion and war of words, and to treat their readers with flattering pictures of themselves and with slanderous caricatures of those who chance to differ from them in taste, disposition, or deportment. For all these things there is we doubt not a market, and we regret to see it so constantly and fully supplied.

We believe however there is also in community a leaven of good sense and correct taste, and that all, whose approbation is worth more than the subscription price of a monthly periodical, desire no exhibition of human depravity in the pages of a scientific journal, in order to arrest their attention and secure their support. It is because we thus believe, and because we would rather fail in laboring to do good, than succeed in efforts to corrupt others and degrade ourselves, that we have chosen the course which characterizes our College Journal.

We have long since distinctly announced our position in regard to medical doctrines and medical ethics. When we find that position rendered untenable by the developments of science and by careful observation of disease and its treatment, we shall boldly change our ground; in the meantime we deem it unnecessary to be continually reiterating our own opinions, or querulously criticising those of others. Rather are we disposed to let questions of controversy, on which issue has been fairly taken, remain upon record, subject to a final adjudication by the medical profession, when partizan zeal and caviling prejudice shall be replaced by professional candor, and when the rapid discoveries in science and improvements in clinical medicine which are now in progress, shall have wrought out their legitimate results. If our views of pathology and therapeutics are correct, we know that every newly ascertained medical truth must serve to illustrate and demonstrate them; if they are incorrect the sooner they are disproved the better. Let it, then, be our duty to collect and record, in our monthly pages the discoveries, experience, and observations of others, as well as of ourselves, and thus accumulate, in condensed form, the evidence upon which every medical controversy must at last turn.

In regard to the slanders which interested and malevolent parties have or may put into circulation throughout the country, and which some of our kind friends think should be contradicted by us, we have only to say, that we some months ago clearly proved that the parties by whom alone such slanders have been or are likely to be propagated, are totally unworthy of belief, and feeling that our past lives have formed for us a reputation, which will withstand even more furious assaults than have thus far been made upon us, and being resolved that our future course of conduct shall be proof against all future assaults, we do not deem it proper to occupy our space with matters of a personal character, to the exclusion of subjects in which the medical public have a real interest.

THE SPRING SESSION OF OUR COLLEGE.

The spring session of the Eclectic College of Medecine, which is now approaching its close, has been in a high degree satisfactory to the faculty, and as we have good reason to believe, to the class also. The lectures have been well attended by the students, and an interest has been manifested in the teachings of each chair which we have never seen exceeded, and which has made the duty of imparting instruction very pleasant.

Nothing affords so much satisfaction to a professor, as to find his labor and solicitude for the advancement of his students, reciprocated on their part by prompt attendance and industrious and persevering efforts to master the intricacies of science. It inspires him, (unless he be a mere worshiper of the "almighty dollar"), with a zeal and energy which the tender of a high salary could never produce, and establishes between him and his pupils a communion of sentiment, which separation by space and time cannot destroy. Such has been our experience during the present session.

Owing to the fact that the spring session is attended by many practitioners who cannot so well leave their field of labor at any other season, a larger portion of our present class than usual were candidates for graduation, and, eighteen having proved themselves worthy of the degree of Doctor of Medicine, will receive that degree at the close of the session. May their future career be distinguished by success, usefulness and happiness.

THE PROFESSOR OF ANATOMY.

We are happy to announce that *The Eclectic College of Medicine* has secured the services of Prof. T. E. St. John as Professor of Anatomy and Physiology. Prof. St. John's general as well as professional attainments admirably fit him for the position of a teacher, and as he will permanently reside in the city, the Eclectic College alone has the advantage of a Board of Professors, all of whom, being residents of the City, will always be ready for the prompt and efficient discharge of their several duties.

On the last page of the cover of the JOURNAL, will be found the announcement for the next course of Lectures, and we would ask our friends to let us know as soon as possible, the names and residences of such students as are contemplating attending College next winter, that the necessary information may be sent them.

REMEDIES FOR QUACKERY.

The savans of the profession are constantly taxing their wits in efforts to interpose barriers to the progress of Quackery and Charlatanry. All must admit however, that up to the present time, so far from accomplishing anything, the evils they have sought to remove, have steadily increased, insomuch that there are now more unqualified practitioners in the country, and a greater amount of patent nostrums is consumed than at any former period. We were informed recently by a respectable medical gentleman from an adjoining state, that three-fourths of the members of the county medical Society with which he was connected, were non-graduates, and that the same state of things existed to a great extent throughout the west.

Why is this ? Simply in our opinion because the very means employed for the suppression of quackery have been ill-advised and tended in fact to increase it.

What can be hoped for by stringent laws, medical censorships, and ill-tempered anathemas against this evil, unless the people themselves, who patronize charlatans and nostrum-mongers, shall be convinced that their good, and not the interest of the "doctors," is the motive which governs the efforts of medical men : unless they are enabled to feel the moral force, instead of the arbitrary stress of professional opposition to such practices. One of the editors of this journal (Dr. Sherwood) in an introductory lecture delivered in 1852, strongly urged the importance of "*a general diffusion of scientific and statistical medical knowledge among the people*," as the only method of staying the progress of medical charlatanry. A paragraph from that lecture will not perhaps be out of place here, as expressing the views we entertain on this subject. After speaking of the value of anatomy, physiology, organic chemistry, etc., as sources of general and interesting information, the lecturer said:

"But another result of public information on this subject would be, a salutary influence on the habits of community in regard to medication. General information in respect to hygiene would promote general health, and very much diminish the demand for medicine.

Mankind possessing a knowledge of the laws of health, would to a certain extent at least, conform to those laws, and thus the health and physical stamina of our race would be improved. And when malaria, epidemics, contagion, or casualities should render medical treatment necessary, there would be no indiscriminate swallowing of patent nostrums, no consulting with mystical or ignorant pretenders. Mysticism and humbug of every name, whether denominated regularism or quackery, would disappear before the spreading light of public intelligence, and no unsound system nor incompetent practitioner would obtain support or patronage, in a community competent to examine and decide medical questions."

We believe these conclusions to be legitimately drawn from correct premises—if not we shall feel obliged to any one who will point out the error. But what is the course of the profession, in regard to affording to the masses light on medical questions? What indifference, not to say opposition, is manifested to the introduction of Anatomy and Pysiology into the Common Schools! How generally is the cold shoulder of Medical professors and practitioners presented to Dr. Wieting and other popular lecturers on these subjects! It was but recently that a certain "traveled" doctor of Medicine in this city said:—"Medical knowledge is the property of medical men, and the laity have no right to it, and I hold that the less the public know about medicine the better." Under such a sentiment in the profession, and we are confident that it prevails to a great extent, what can be expected, but that the community will remain in that state of ignorance which makes them an easy prey to the designing charlatan. If the "Code" were carried out fully, the public would be left in ignorance of even the locations of our offices, as well as of our facilities to serve them, unless they should happen to see a sign at our door, and even that might be construed into a "card" or "hand bill," violative of professional dignity, for we are forbidden to advertise. The young physician, or the newly arrived medical gentleman, must not let the public know through the usual media, of his location, or claims to patronage, lest certain "fossil remains" should be disturbed in their pre-emption rights.

Now against all this and much more of the same sort, we decidedly protest. Let the public be enlightened, let them understand their own systems, and the danger of tampering with secret remedies, let them discriminate between rational and visionary systems of medicine, let them know what true science has done and is doing for their benefit in the hands of duly qualified physicians. Let them read modest and truthful announcements, from medical practitioners in the public papers, as well as the flaming falsehoods of patent medicine dealers, and let them observe in us, a spirit of liberality, and public sympathy, instead of cold, aristocratic, professional selfishness, and then we may hope to see the dignity of our profession respected, its claims to confidence and support acknowledged, and quacks, charlatans, and medical hucksters assigned their true posititon.

BOOK NOTICES.

Indigeneous Races of The Earth ; or New Chapters of Ethnological Enquiry, Including Monographs on Special departments of Philology, Iconography, Cranioscopy, Palæontology, Pathology, Archæology, Comparative Geography, and Natural History ; Contibuted by ALFRED MAURY, &c., &c. FRANCIS PULZKY, &c., &c., and J. AITKEN MEIGS, M. D., with communications from Prof. Jos. LEIDY, M. D., and Prof. L. AGASSIZ, L. L. D. Presenting fresh Investigations, Documents, and Materials, By J. C. NORTH, M. D. and GEO. R. GLIDON, (Subscriber's Copy.) Philadelphia ; J. B. Lippincott, & Co.—London ; Trubner & Co.

IN the January No. of the COLLEGE JOURNAL, we announced the intention of the publisher to issue this great work, and to that announcement we refer our readers for a further exposition of its plan. As the present volume is but just received, and as it contains materials for months of study and reflection, we at present can only say, that it is issued in a style commensurate with the deep importance of the subject on which it treats and the reputation of its talented authors, and the well known publishing house which has had the enterprise to issue this very splendid volume. To say that the work is gotten up in a manner entirely satisfactory, is but a meager acknowledgement of what is due to all engaged in this more than *national* work, and to commend it to the favorable notice of our readers is our pleasurable duty.

First Lessons in Botany and Vegetable Physiology. Illustrated by over Three Hundred and Sixty Wood Engravings from Original Drawings, by ISAAC SPRAGUE. To which is added a copious glossary, or Dictionary of Botanical Terms. By ASA GRAY, Fisher Professor of Natural History in Harvard University. New York, Ivison & Phinney, and G. P. Putnam & Co., 1857.

THIS First Lessons is intended for those who are commencing the study of Botany, and hence it is a brief, plain, and yet complete work, and admirably calculated to fill its design. The Illustrations are clear, finely and boldly drawn, and so transferred to wood that the impressions are clear and distinct. In regard to the *Physiology* of the plant, we are of the opinion that future researches will lead the author to modify his present opinions, in some particulars.

Manual of the Botany of the Northern United States. Revised Edition, including Virginia. Kentucky, and all east of Mississippi. Arranged according to the Natural System. By ASA GRAY, &c. With Six Plates illustrating the genera of plants etc. New York, Ivison and Phinney, and G. P. Putnam. 1857.

THIS Manual is designed as a school and College Text-Book, and is an *abridgement* of the *Manual of Botany of the Northern United States*, formerly published, and the descriptions of the *Mosses*, and *Liverworts*, as published in the larger work, occupying near an hundred pages, have been omitted in this abridgement. In other regards this work corresponds with the more elaborate edition, except that some errors to be found in that have been corrected.

The well established reputation of Prof. Gray, as a scientific and accurate botanist, is a sufficient guarantee of the value of his works.—The mechanical appearance of these volumes is very creditable to the publishers.

A Manual of Examinations upon Anatomy, Physiology, Surgery, Practice of Medicine, Chemistry, Obstetrics, Materia Medica, Pharmacy and Therapeutics. Especially designed for Students of Medicine. To which is added a medical Formulary. By J. L. LUDLOW, A. M., M. D. etc. A new edition thoroughly revised and much enlarged. With three hundred and seventy Illustrations. Philadelphia, Blanchard and Lea. 1857.

ONE year ago, we had occasion to notice *Neil and Smith's compend of Medical Science*, issued at that time by Blanchard and Lea, and we strongly commended the book, not as being the proper one to be placed in the hands of *Students*, for we deprecated the use of these manuals and briefs of the Sciences; but as a remembrancer to the active practitioner, and the teacher of medicine.

We have been somewhat familiar with the former editors of this manual of our old friend Dr. Ludlow, but we have never chosen to place it in the hands of our students or commend it to them for perusal, for we felt assured that none but the careless, the indifferent, or the lazy, would be induced to read many consecutive pages.

On the reception of this new edition we determined to let our preconceived opinions influence us as little as possible while examining its pages, but after examining a few subjects we were forced to the conclusion that it contained many antiquated notions, which the progress of science within a few years has proved entirely without foundation, and that other notions are erroneous because they embrace but a part of the truth.

We do not take any pleasure in publishing these conclusions, and do not care to dwell upon them, but from what we have said, our readers will conclude that we do not think it advisable to invest money in the purchase of Ludlow's Manual of Examinations.

Gregory's Hand Books of Chemistry, Inorganic, and Organic. American Edition.

IN a former No. of the COLLEGE JOURNAL, we made brief extracts from the Editorial of the American Journal of Pharmacy, on these works. We now introduce a few sentences taken from the American Journal of Arts and Sciences for March last. From these, our readers can learn how impartial observers view this attempt on the part of Prof. Sanders to impose upon the profession.

"The volumes before us purport upon their titles, to be reprints, the one from the third, and the other from the fourth English editions. But after a careful comparison of their several pages with the original we are sorry to say that *they belie their titles.*

They are in fact printed almost entirely *from the old stereotype plates* of an American edition by the same author, issued at Cincinnati in 1851, and copied from the English edition of 1846 (Inorganic,) and 1847 (Organic.) * * In fact the old plates have been used by the new publishers, who are responsible with their editor for this bold *attempt to deceive the public by passing off old wares* with new labels. * * * * * * *

Dr. Gregory is an able chemist, and has the merit of being the chief expounder in our language of the chemical school of Liebig. We can readily imagine the vexation he must feel, and with it, the unavoidable contempt, for American Science, at the manner in which his hand-books are here presented. It has never been our misfortune to see any good book so sadly spoiled by the bungling of an editor. His ignorance of his subject is equalled only by his audacity, and his shortcomings in syntax. * * * * * *

But enough of this! It is painful to see the evidences of such charlatanry, and more painful to expose it. It would seem perhaps impossible that any chemical teacher would be misled into the adoption of this edition of Gregory in his classes. * * *

The matter is made worse by the fact that the work is published by a most respectable house, who certainly did themselves and the public an injustice, that they did not take council of their numerous friends, before committing themselves to this unfortunate enterprise."

On the Body and the Mind. By Dr. E. H. Stockwell.

Prof. Stockwell proposes to issue a work on the above subjects as soon as sufficient encouragement shall be given him, or in October next. In his Prospectus he gives the following as the *Contents* of the work.

"The Body is fleeting; The Body is a Machine; The Body is a receptacle of Life; Volition; Muscular Action; Nervous Action; The Senses are Receptacles of Nature; The Medii of Nature to the Mind: Is the Brain the Mind; Is the Functions of the Brain the Mind; Man is

Dual; Link that joins the Body and Mind; The Mentality and Vitality of the Body; The Sick Man's abiding Friends; The Cerebrum; Its Size; Its Elements; Its Power; Its Intensity; Temperament; Medical Diagnosis; Bodily Death; Abnormal States; The Soul; The Mind; The Intellect; The Will; The Sensibility; Preception; Consciousness; Intuition; Ideality; Reason; Memory."

The price when issued will be $2.00, but it is proposed to furnish it for $1.00 to all who may forward the money prior to its publication. To illustrate the peculiar style of Prof. Stockwell as a writer and reasoner we extract the following, from a Lecture recently published by him.

"Our therapeutics, though old, multitudinous, and broadcast, yet are limited in power, can do but little more than modify the action of organs, whose ability is already superior to the cause that embarasses them. Great poverty marks the materia medica by whomsoever possessed. They are but little more than equal to mild, and incipient diseases.—The grave maladies they scarcely approach in their rapid, frightful career. Even the severer ills of life often vanquish both patient and remedy.

As for our provident Hygia, her birth has just occurred; she is not even a twelve month old. I doubt whether her advent is known outside of the circle of scholars of the profession, and with many her coming is not dreamed of. Among the routinists, bombarders, and assault-and-battery doctors, years will loose themselves in the past before our generous godess, will be known."

The Physoilogical Anatomy and Physiology of Man. By ROBERT BENTLY TODD, M. D., F. R. S., etc. and WILLIAM BOWMAN F. R. S., etc. Complete in one Volume. With two hundred and ninety Illustrations. Philadelphia, Blanchard and Lea. 1847.

WITHIN the past year, we have had occasion to chronicle the advent of several new works devoted to the science of Man, and each new one has given us the cheering assurance that the mind of the profession is actively alive to all which can aid in the Healing art. No class of works have advanced the Science of Medicine more than those which make us more accurately and familiarly acquainted with the structure and functions of the body in a state of *health.* Health is the starting point,—the point of departure—the condition with which all forms of diseased manifestations are to be compared; and without a knowledge of the action and uses of organs in health, none can judge of the nature or extent of the ravages of disease—or in what direction the medicinal impressions should be made to furnish a cure.

Hence those, who like Carpenter, Lehmann, Draper, Bernard, Simon, Chambers, Bird, Budd, Prout, Bennett, Tilt, Todd, Bowman, and others, push their researches and investivations to the more accurate and perfect comprehension of the living *healthy* body, and the functions and uses of the various organs and tissues of the human body, are among the greatest benefactors of the race, and are doing much, very much for the removal of ancient and erronious notions and modes of treatment, and are laying down the only true and lasting foundations, on which is to be built the beautiful and satisfactory science of *Rational Medicine.* Unconsciously, perhaps they are among the most radical and efficient of Medical Reformers.

We have already called the attention to the works of Lehmann, Headland, Budd, Gardner, Carpenter, Mialhe, Draper, Chambers, and Bennett, but in all these works we do not consider any to exceed in value, to the general practitioner, the one whose title-page is at the head of this article.

The names of Todd and Bowman are almost as familiar in the mouth of physicians as houshold words, and they have always been associated with productions of direct practical utility as well as of original research.

The great work now presented by them to the profession was commenced fourteen years ago, and was designed as a text book of the sister sciences of Anatomy and Physiology, for the lectures given in King's College, London. In it, the authors have endeavored to present the main facts and doctrines both of Anatomy and Physiology, but more particularly such facts as have a more peculiar bearing on practical Medicine and Surgery, thus making the work one of peculiar interest to the student and practitioner.

In their descriptions they have not followed the writings of any author, but have depended mainly upon their personal investigtions.

The work commences with an Introduction in which are contrasted organized and unorganized bodies, with the chemical constitution of each; the primary organic cell; spontaneous generation; LIFE; theories of life; functions of animals and plants; the mode of conducting Physiological inquires; and many other important matters. In regard to the value of correct views of physiology, our authors justly say:—

"A correct physiology must ever be the foundation of *rational medicine.* He who is ignorant of the proper construction of a watch, and of the nature of the materials of which it is made, could not find out in what part its actions were faulty, and would therefore be very unfit to be entrusted with repairing it. In medicine the first step towards the cure of disease is to find out what the disease is, and where it is situated. Without a knowledge of the offices which the various parts fulfil in the animal economy, our search to determine what organ or function is deranged must be most vague and indefinite."

In investigating the anatomy and physiology of man, the authors of this work have freely availed themselves of the immense advantages presented by the microscope, and hence in Histological science the work is remarkably rich and valuable.

The illustrations are clearly drawn and well adapted for impressing the eye, as well as the mind, and clearly illustrative of the text. In regard to the conclusions at which the authors have arrived, we do not think they are always correct, but the work will be found not only deeply interesting but generally reliable.

On the Diseases of Women : Including those of Pregnancy and Childbed. By FLEETWOOD CHURCHILL, M. D., T. C. D., M. R. I. A., etc. A new American Edition, Revised by the Author. With Notes and Additions, by D. FRANCIS CONDIE, M. D., etc. Philadelphia: Blanchard & Lea, 1857.

Through the former editions of this work, the name of Dr. Churchill has become familiar to the entire profession in America, and there can be no doubt but this issue of an edition carefully revised and enlarged by the addition of several new chapters, and illustrated with appropriate wood-cuts, will be eagerly purchasad by not only those who have read the former edition, but a numerous class of young practitioners, who have been induced to purchase the less satisfactory works of Meigs and others.

To the former edition, in this there is added three entire new chapters on tetanus, paralysis, and arterial obstruction, as they occur in gestation or in the parturient female.

It may not be amiss, in this connection, to mention that the reputation for scientific attainment, which Prof. Churchill has achieved, has led to his appointment to the Chair of Midwifery in the Irish School of Medicine, which Chair was made vacant by the resignation of Dr. Montgomery, whose work on the Signs and Symptoms of Pregnancy, has been announced as soon to be issued from the press of Blanchard and Lea.

An Address delivered by Dr. SAMUEL GRIMES, of Delphi, before the Indiana State Convention, held at New Albany, May 20th, 1852, published by Resolution of the Society, Indianapolis, 1855.

In this Address, which has just been sent us, we notice the oft repeated claim of the old school physicians, that they are Eclectics. On the supposition that the correspondent of the "Observer" was correct when he stated that "not more than one-fourth of the old school practitioners of the State of Indiana, have ever received a medical education," we can readily understand why the State Society should order this address published, for Doctor Grimes seemingly not placing a very high estimate on Diplomas, said:—

"The mere fact of our holding a diploma in Latin, while others put up with one in English, and of our believing in one doctrine, while they are clamorous in favor of another, will give us no valid claim on the world for higher professional rank, and greater skill in practice. We must rest our claims on something more substantial than this."

We can discover no other paragraph, which might lead the society to wish the Address in print.

Eighteenth Annual Report of the Board of Trustees and Officers of Central Ohio Lunatic Asylum, to the Governor of Ohio, for the year 1856.

Second Annual Report of the Board of Trustees and Officers of the Southern Ohio Lunatic Asylum, to the Governor of Ohio, for the year 1856.

Fourteenth Annual Report of the Managers of the State Lunatic Asylum, transmitted to the Legislature January 7, 1857.

Twentieth Annual Report of the Board of Trustees aud Officers of the Ohio Institution for the Education of the Blind, to the Governor of Ohio, for the year 1856.

Thirteenth Annual Report of the Board of Trustees and Officers of the Ohio Institution for the Education of the Deaf and Dumb, to the Governor of Ohio for the year 1856.

Through the kindness of the Hon. W. S. Lunt, these Annual Reports were placed on our table some time since, but even until the present, we have not found time to give them that careful study their importance demands.

PERIODICALS.

Since our last number was published, we have received several periodicals, which, from their character, or other circumstances we deem worthy a passing notice.

The California State Medical Journal.—In No. 3, for January, of this sterling quarterly, is a valuable article on the Medical History of California, which will increase in value with the passage of time. An article on Pacific Coast Diseases has also interested us much, and particularly its description of an epidemic, known as "putrid sore-throat," or "membranous sore-throat." This is probably, the same form of disease mentioned by Bretonneau in his treatise published some fifteen years ago, under the name of "Diptheritis." In 1771, Dr. Samuel

Bard described it under the name of "Angina Suffocativa." It prevailed in New England some twenty years since, and was then often designated as the "Throat ail." Dr. Fourgeaud describes this disease as follows:

"The disease, therefore begins with inflammation of the mucous membrane of the soft palate, tonsils, and pharynx, terminating in the secretion of a false membrane, without the slightest secretion or destruction of the true skin. As the local affection goes on progressing, a discharge of matter and blood exudes from the borders of the false membrane, and, mixed with an offensive saliva, flows from the corners of the mouth. A similar discharge is often observed coming from the nostrils, being a sure indication that the disease has made its invasion in the nasal cavities. Bleeding from the nose is then an attendant symptom. As the extension of the false membrane progresses, the larynx becomes affected, and all the symptoms and fatal results of croup are observed. At this period of the disease the swelling of the glands is considerable.—There is no vomiting nor diarrhœa, unless the mucus coats of the stomach and intestines are the seats of the disease. The tongue is generally heavy coated."

No particular system of treatment is presented, and the disease has proved quite fatal.

We are pleased to know that the profession in California appreciate this Journal highly, and it is likely to be permanently sustained by them.

The American Journal of Insanity.—The April number completes the thirteenth volume of this valuable quarterly journal. The present number contains a history and description of the Michigan Asylum for the Insane, with a beautiful plate giving the front view of the Asylum building. It also contains an article on Functional and Organic Diseases, by Dr. S. Annan, and one on the Mental and Physical Characteristics of Pauperism; both papers of practical value, in addition to the usual rich collection of original and selected articles.

The American Journal of Dental Science for April, has an interesting Lecture on the Discovery of the Circulation of the Blood, and on the Theories of Generation, by Prof. C. Johnson, which will much more than repay perusal, together with many other articles of interest.

The Scalpel, has assumed its old familiar appearance, and is again to be issued quarterly. It is impossible to tell what it contains, or rather what it does not contain. We hope every member of the profession will read it for himself, and we feel assured the mental exercise it will give him will prove beneficial, if not pleasurable.

The Dental News Letter for April, contains a very good Valedictory Address, delivered before the Graduating Class of the Pennsylvania College of Dental Surgery, by Prof. E. Townsend.

The Inventor for May has a wood cut and description of a complicated apparatus for fractured thigh, invented by Dr's J. H. H. and Wm. J. Burge of Brooklyn, New York. This apparatus, although much more expensive than that of Dr. C. T. Lawrence seems to present no advantages over the latter, except the arrangement of *two* perineal pads so arranged as to pass over the tuberosities of the ischium, and thus avoiding the excoriation of the perineum, which will sometimes follow the most careful use of the single perineal strap.

MISCELLANY.

BRAIN FEVER.

We have received, too late to be put in the *Original Department*, a communication from Mrs. E. C. Mayo, M. D., of Watertown, New York, in regard to this disease. She says there is much sickness in that part of the State, and that the "Brain Fever," has proved fatal to quite a number, although none of her own patients have died.

She does not think it should be called a *fever* and does not tell by what name she would designate it. As she describes the attack, there is suddenly a great prostration of the system—very much severe pain in the head, vomiting, congestion of Liver, and sometimes of the lungs, with sometimes spasms of the extremities, the tongue white on the edges and red in the middle.

For the vomiting she gave:—

℞. Compound Syrup of Rhubarb and Potassa.
Tincture of Prickly Ash Benies ā ā fʒj.
M. for one dose.

Sinipisms were applied over the lungs, and stomach, and liver, and to the feet and inside of the limbs, and the arms were put in warm water.

She then gave.

℞. Tr. Prickley Ash Berries, fʒss.
Aqua Ammonia, gtt. v. M.

Repeat the dose every half hour.

For the pain in the head, the Tincture of Gelseminum and dilute alcohol was applied to the forehead and temples. On the next morning the patient was much improved. On the third day the Diaphoretic Powders were used, and mild cathartics administered, and the patient continued to improve rapidly to a cure. Usually the illness under this general plan of treatment does not last more than five or six days.

The Old School physicians are said to bleed, give active cathartics and emetics, and the patients often die, or if they survive, they are long in being restored to health.

ADVERTISEMENTS.

We have been amused at the remarks of some of our correspondents. Several have thanked us for the large amount of information we furnish them *gratuitously* in our advertising department. Stating that to be worth the dollar charged for the JOURNAL. Others have objected to the advertising sheet as being too full, and have asked if we expected our readers to pay for so much matter republished month after month.

When the JOURNAL was established we promised thirty-two pages of matter a month. We gave forty;—and this year we give forty-eight pages monthly for one dollar a year—and all the advertising sheet extra. We have not allowed the regular pages to be encroached upon, and do not intend to. If we did not derive a profit from our advertisements, we could not furnish the Journal at so extremely low a price as we get for it.

QUINIA AND CALOMEL.

From the Southern Reports, we learn that in Madison county Alabama, which contains about 30,000 inhabitants, there is consumed annually, "About 50 pounds of Calomel, and 1000 ounces of Quinia; there are 30 physicians in the county, whose aggregate annual income amounted to about $30,000, or one dollar each for the entire population." According to this estimate, the amount of Quinia each would consume, if equally divided, would be about sixteen grains, and the amount of calomel would be about half an ounce annually, to each person. In such a country, with such practice, the people will not be likely to enjoy such perfect health, as to do without doctors.

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[Translated from the French of Dr. Sam'l L. Bigelow.]

RESEARCHES ON VESICAL CALCULI, AND THEIR MICRO-CHEMICAL ANALYSIS.

[Continued from page 200.

CHAPTER III.

MICRO-CHEMICAL ANALYSIS OF VESICAL CALCULI.

The analysis of vesical calculi, as with all other chemical analyses, presents two problems for solution, that of *quantity* and that of *quality*. The chemist who thoroughly investigates, who makes discoveries, is obliged to resort to quantitative analysis; while qualitative analysis combined with a proximate quantitative, will answer for the physiologist. After having determined the presence of a urate in a stone, and its proximate proportion compared with the other substances entering into its formation, what necessity is there for the physiologist to know the exact proportion of the organic material, and of the base which was required to form the urate in question? These are to be ascertained by the chemist, upon whom we must rely. I will, therefore, present only qualitative, with proximate quantitative formula.

Hitherto, the chemist alone has been able to determine the composition of calculi; physicians have been obliged to place them in his hands for examination, and await his decision. There are, however, many instances in which the physician ought to know the composition of a small gravel, or of a piece of stone, in order that he may at once determine upon the proper treatment to be pursued. And for this purpose, he should have some simple process to enable him to arrive at such knowledge, without being himself a chemist. I will, therefore, briefly describe the processes which I believe will answer the purpose, viz., the conjunction of the microscope with chemistry,—processes which are very simple, and which may be learned in a very short time by physicians accustomed to using the microscope. Many chemical reactions may be learned, and many precipitates recognized, without one being an actual chemist.

Chemistry is so extensive a science, that the physiologist, the manufacturer, the artist, etc., find it indispensable to aid themselves by culling from some portions of it. To each speciality, it has an application that completely isolates it from the science, becoming thus accessible to the various professions to which it may present the desired facts and information.

Although I constantly use the microscope in the analysis of calculi, I believe it will be better to devote one chapter particularly to the chemical proceedings, before treating upon the microscope, which will be referred to in a subsequent chapter. This course will prevent the mind from becoming confused, which is apt to occur when too many things are crowded together. In our analysis, we will proceed as follows:—

We divide the stone into three portions, A, B, & C, and act on each of these separately. The one, A, will serve to determine, in a general manner, the nature of the organic, inorganic, or mixed calculus, as well as of the bases which may be combined with the organic substances. The other, B. is designed for the separation of those matters which are soluble in acids. The third, C., is for the purpose of ascertaining the principles which are soluble in water only, without being decomposed.

Portion A. We take a small portion of the stone, and reduce it to powder; this is weighed, placed in a platinum capsule, and submitted to the action of an elevated heat, (by blowpipe, or otherwise.) If the heat dissipates all of it, it is a proof that the stone is composed of organic substances, perhaps uric acid, urate of ammonia, or creatine, etc. If a residuum is left, it must be weighed anew, to ascertain the per centage of loss by the heat; after which, it must be chemically examined to determine its character. If the consumed part consists wholly or partly of uric acid, either pure or combined with earthy bases, we may determine it, by warming a portion of the original substance, (A) on a platinum spatula, with a little nitric acid; a few drops of ammonia, may now be added, to neutralize the acid, and then gradually evaporate to dryness. If this portion contains the least trace of uric acid, or of a urate, these acids become changed into purpuric acid, which is readily known by its beautiful red or purple color, more or less dark, according to the amount of these substances which may be present.

By this simple process, together with a small share of experience in the analysis of calculi, we may almost guess their entire composition;

but strictly, this will so far satisfy us, as it reveals the class to which the calculus belongs, and we may then pursue all the analytical steps necessary, to determine more particularly, the substances of which it is composed, and which I now proceed to explain.

Portion B. This portion must be bruised in an agate mortar, and be reduced to an exceedingly fine powder; place this in a platinum capsule, (or a glass test-tube,) add to it a little concentrated hydrochloric acid, and boil it, for the stone may contain oxalate of lime, which is soluble only in boiling hydrochloric acid. The other substances, as the carbonate, and the phosphate of lime, as well as the ammonio-magnesian phosphate, are soluble in cold hydrochloric acid; the carbonate and the double phosphate are very soluble in acetic acid; but it is better that they all enter into the same solution.

The above solution must be filtered, to remove any organic substances it may contain, as animal matter, and uric acid which may have originally existed pure in the stone, or which may have been precipitated under this form, by the decomposition of the urates acted on by the hydrochloric acid, which acid dissolves the earthy bases, and precipitates pure uric acid, which is insoluble in the mineral acid. At this period of the analysis, it is unnecessary to examine the filtrate, as the third portion, C., is designed to determine these organic matters; we filter to remove them from the solution, which we then dilute with distilled water.

We now reach that part of the analysis which may, at first, appear complex and difficult, but a little experience will remove this idea. The object is, to determine and separate the substances contained in the solution before us. When we know the course proper to pursue to analyse one calculus, we will be able to analyse all inorganic or mixed calculi, for the same course is to be followed.

At first, we will inquire what substances may be contained in the solution? We know that they may be some of the following; oxalate of lime, phosphate of lime, carbonate of lime which will be changed to chloride of lime, ammonia-magnesian phosphate, and the bases of the urates which have been decomposed by the hydrochloric-acid, as soda, potassa, magnesia, etc. It may contain all these materials together, or only a single salt, as the oxalate of lime, and, in this case, the solution will be of a very deep color, of the characteristic brown, caused by the animal coloring matters which these calculi hold in considerable quantity. If it be the carbonate, there will be an effervescence in the solution, owing to the disengagement of carbonic acid gas upon the addition of the hydrochloric acid. The substance may be phosphate of lime, alone, or combined with the double phosphate, or *vice versa*, and in this case, the solution will be hardly discolored; or finally, one of these substances, which form the greater part, may be combined with traces, or more or less considerable quantities of a part, or even of all the other materials. We can, therefore, perceive the necessity, not only verifying the presence of such or such a body, but likewise, the presence or absence of all the others, whatever may be their proportions. Then having reached this point, we must pursue the same course for all vesical calculi, and which is as follows:—

1st. Gradually add ammonia to the solution, being careful to cease as soon as the acid is neutralized, which may be known by a cloudy appearance in the liquid, occasioned by the formation of crystals which will soon be precipitated; or, we may place a piece of reddened litmus paper in the solution, which will be changed to blue as soon as the liquor becomes a little alkaline.

The precaution to gradually drop the ammonia is very important, because if it be rapidly poured, and in excess, crystallization will not have time to be realized; the oxalate of lime will fall in an amorphous mass, without regular form, and the double phosphate, although it takes a well known crystalline form, will not assume its characteristic figure.

When the acid is neutralized, the crystals are precipitated together, (for we are supposing a complex calculus), the oxalate of lime, the phosphate of lime, and the ammonio-magnesian phosphate; the carbonate of lime becomes changed into a chloride of lime, and remains in solution. It is unnecessary to attend to the bases of the urates, such as soda, potassa, etc., because we have the remaining portion C., which will furnish us with the organic substances.

2d. To verify the presence of the bodies we have suspected, and to separate them, in order to examine them individually, acetic acid must be added in excess, which will dissolve the phosphate of lime and the double phosphate, leaving the precipitated oxalate of lime, which is insoluble in this acid, free and intact.

For the microscopic characters of this last salt, and to make such micro-chemical proofs at this period, as will verify its identity, see the following chapter, on the microscopic character of these bodies. It is almost unnecessary to say that, if all the precipitate is dissolved by the excess of acetic acid, oxalate of lime will be absent, and we have now reached the

3d. We must now proceed to the detection of carbonate of lime. It is not precipitated from the mother water, by an excess of ammonia, as has been already remarked, while the phosphate, and the ammonio-magnesian phosphate are. We will now add an excess of ammonia to precipitate these two substances, then filter, leaving the filtrate to be examined at leisure. To the filtered liquor, which contains the chloride of lime, (should any be present) add a solution of oxalate of ammonia in small quantity; the lime unites with the oxalic acid, and is precipitated in the form of oxalate of lime; the ammonia combines with the hydrochloric acid, forming the hydrochlorate of ammonia, which remains in solution. We may examine the deposit subsequently, to verify the micro-chemical characters of oxalate of lime. Should no precipitate be formed upon the addition of the solution of oxalate of ammonia, it is an evidence that the solution of the calculus contains no chloride of lime derived from the original carbonate.

4th. The object of this is, to detect the phosphate of lime, which is precipitated by the same reagent as the double phosphate. It will be necessary, therefore, to separate it into its constituent principles, to wit: phosphoric acid and lime, in order that we may remove the double phosphate. We take the precipitate which was left on the filter in the third experiment, consisting of phosphate of lime and of double phosphate, and dissolve it in acetic acid; then, to decompose the phosphate of lime, and leave the ammonio-magnesian phosphate separate, we add some solution of oxalate of ammonia. The lime, which is in the phosphate, unites with oxalic acid of the oxalate of ammonia, forming oxalate of lime, which is precipitated; and the phosphoric acid remains in solution, where we will find it, after having filtered the solution to remove the precipitated oxalate of lime, which deposit we will verify by examination under the microscope, as in the preceding experiment.

5th. This experiment is for the purpose of separating the ammonio-magnesian phosphate from the remaining liquid. We simply add a little ammonia to precipitate it, and then examine it, in the manner explained in the succeeding chapter, it must be collected on a filter, the same as has been done with the other precipitates successively, in order that we may subsequently dry and weigh them, to determine approximately the quantity of each principle which is found in the calculus.

6th. There still remains the fluid from which we have precipitated the last compound body, and in which is left the phosphoric acid resulting from the decomposition of the phosphate of lime. To complete the proofs of the presence of lime in the form of phosphate, we must now find this acid. Add to the liquor a solution of some salt of magnesia, as, the chloride, and some ammonia; by a double decomposition, the double ammonio-magnesian phosphate will be formed and precipitated;

it must be collected and examined, the same as the preceding, under the microscope.

7th. We now weigh the various products which have been gathered on the filters, after having dried them, in order to estimate their relative proportions in the calculus.

Portion C. This is submitted to the action of boiling water to extract uric acid and its compounds, if the calculus contains any, and the presence of which may be suspected by the indications given during the examination of portion A., otherwise it would be useless to undertake this experiment. All the urates, as well as uric acid, are soluble in boiling water without being decomposed, and each will be deposited separately in its proper crystalline forms, although united together in the same solution, as soon as the water becomes cold.

We must reduce this portion to the finest powder possible, by trituration in an agate mortar; then place it in a sufficiently large platinum capsule, (or test-tube of glass,) with two or three hundred times its weight of distilled water, boil for fifteen or twenty minutes, and filter while hot. On cooling, the crystals fall to the bottom, which, being scarcely soluble in cold water, may be separated by decantation or filtration, and examined and analyzed with the greatest exactitude, by means of micro-chemistry. It is here, in fact, when experimenting on the organic constituents of calculi, that the great advantages of this means are more clearly shown.

Heretofore, before the microscope had been employed to any great extent in the analysis of calculi, it was believed that these substances were not sufficiently soluble in water, to enable us to arrive at any exact results by micro-chemistry; and this part of the analysis, so very important, presented great difficulties, which are completely overcome by the micro-chemical means which I have instituted. The following are, in part, the difficulties to which I allude; they are the same as those which are met with in the analysis of natural mineral waters, as well as of urine:—

The impossibility at first—having reduced the compound bodies to their constituent elements, to wit; the urates into uric acid and their bases—the impossibility, I say, of making a precise estimate of the relative proportions which exist among these substances, or of the proportion of combination between the mediate principle and the different bases which are found dissolved in the acid, by which these substances are decomposed into their constituent principles.

The urates are all decomposed by hydrochloric and concentrated acetic acid, etc., and uric acid always loses its original character by the action of nitric acid; once decomposed, their original recomposition becomes impossible. Water does not change their chemical nature; it dissolves without decomposing them, and as I have remarked, deposits them, without the action of any reagent, in crystalline forms peculiar to them, and which may be collected, examined and isolated, and their physical and chemical properties be readily determined by the aid of micro-chemistry.

After long and especial examinations of uric acid and urates, when artificially prepared, as well as when met with in urinary deposits, including vesical calculi, I feel no hesitation in saying that, the method which I have advised for their analysis, to wit, by pure water, is, under all the circumstances, the best, the easiest, and the most strictly exact. There is much less chance for error in the determination of the true character of the urates contained in calculi submitted to analysis, by this than by any other means; besides, it allows us to make a second analysis of each substance separately, and enables us to determine with greater accuracy, the relative proportions of the different urates which may be found in the same calculus. In a word, it is the only exact method.

It will be very easy, to verify, by the chemical decomposition of a calculus composed of urates of different bases, how much uric acid is contained in its combinations, and what quantity of each base. This is not the question which interests the physician and physiologist; it will not aid us to replace these together, nor to determine the proportions in which they existed previous to their decomposition into their constituent principles; besides, they may unite in various proportions, as will be shown in the following chapter, in which will be explained the second part of the analysis, the importance and interest of which is by no means diminished. We must except from the preceding processes of analysis, three kinds of very rare calculi to which I will briefly refer.

CYSTIC OXIDE.

Cystine, an organic substance very seldom met with in calculi, requires a separate analytical process. It is volatilized by heat, exhales a garlicky odor on burning, which is very characteristic, is soluble in nitric, sulphuric, phosphoric, hydrochloric, or oxalic acids, the other vegetable acids do not dissolve it. The sulphate and the phosphate are in the form of a gummy mass, deliquescent, from which it may be precipitated by the carbonate of ammonia. It is very soluble in sulphuric ether, and forms into hexagonal crystals upon the evaporation of the ether; it is insoluble in water or alcohol. To sum up, calculi composed of this substance, behave so differently from those composed of the elements heretofore referred to, that we can never be deceived with regard to their character. The crystalline aspect, the waxy consistence, the character and the yellow color of calculi composed of this body, its peculiar odor on burning, its solubility in ether, and the form of its crystals will enable us to recognize it.

URIC OXIDE.

Xanthic oxide, as described by M. Marcet, is soluble in water, and its solution reddens litmus paper; it is also soluble in liquor potassa, ammonia, and in the alkaline carbonates. It is decomposed by nitric acid, leaving a yellow residue when evaporated to dryness, resembling that left by uric acid, when treated in the same manner without the addition of ammonia. We see how much analogy exists between this substance and uric acid, as regards the deep cinnamon color with red lamellæ, and the action of chemical reagents. The chemical analysis of this kind of calculi has caused it to be regarded as uric acid in a lower state of oxidation. Only a single calculus composed of this body has been found; and having been analyzed only once, there may have been some error. I doubt its existence as a body other than uric acid; in every instance, its analogies with this last are so well marked, and its behavior with chemical reagents so similar, that I am disposed to give them the same analytical formulæ. (Since Marcet's discovery of this body, it has been found once by Stromeyer, who furnished portions of it to Unger, Wohler and Liebig for analysis.)

FIBRINOUS CALCULI.

M. Marcet has also made an analysis of a calculus called *fibrinous*, on account of its properties. It has a yellowish brown color, similar to that of beeswax, and of nearly the same density. Its surface was unequal, but not rough to the touch; its texture was more fibrous than stratified, and its fibers were in rays from the center to the circumference; it was slightly elastic; exposed to the flame of an alcohol lamp, it burned, blackened, and emitted a peculiar animal odor, and left a carbonaceous residue. It was soluble in water, and in hydrochloric acid; nitric acid equally dissolved it, but the solution gave no red or yellow matter on evaporation; which proves that the calculus was not composed of xanthic oxide, nor of uric acid.

[TO BE CONTINUED.]

[Concluded from Page 214.

A STATEMENT OF SOME OF THE VIEWS HELD BY THE AMERICAN ECLECTIC PHYSICIANS, WRITTEN IN REPLY TO LETTERS FROM FELLOWS OF CERTAIN REGULAR MEDICAL SOCIETIES.

BY L. C. DOLLEY, M. D.

You say you cannot see "why antimony, arsenic, (and it is presumed you would include the mercurials,) cannot be used with as much safety as strychnia." Is it possible that you have never given attention to the difference between organic and inorganic poisons?—to the difference in agents which destroy life by their corrosive and irritating qualities, and those which do it only by suspending certain functions?—Have you never given attention to that important difference in medicines, upon which Prof. Tully places no little stress, the susceptibility of organic medicines to digestion and elimination, peculiarities possessed by but few of the metallic poisons? Do you mean to say that strychnia cannot be given as a medicine, without risk of doing lasting injury to the system? There is almost any amount of authority and argument, to show that antimony, mercury and arsenic, cannot be prescribed as a common remedy, and in appreciable quantities, without such risk. Please inform me, where fears and objections are urged against the use of strychnia, (as ordinarily prescribed,) wild cherry bark, or other combinations of hydrocyanic acid, and I may add against opium, hyoscyamus, belladonna and other vegeto-narcotic poisons, such as are acknowledged on every hand, to exist in reference to the mineral agents alluded to. If the human system does not possess the power of converting antimony, mercury, and arsenic, into any of the solids or fluids of the system, nor to but a limited extent into any of the secretions, or effete matters, as it does medical doses of vegetable poisons, could anything else than this contrast of testimony, as to the effect of the two classes of remedies, be expected? Let us glance at some of the testimony of physicians, orthodox in the general estimation, but "irregular," nevertheless, in some particulars.

Dr. Beck, speaking of the toxicological effect of antimony, says: "the mucous membrane of the stomach is inflamed by its use. The duodenum is also reddened and inflamed by it, and occasionally the small intestines. Under its use, the lungs are often found more or less inflamed, and in some instances the brain has been found in like condition, and containing a serous fluid." Taylor speaks of its completely destroying the mucous membrane from the mouth downward to the jejunum and rendering the sub-mucous tissue so soft, as to be easily torn by the fingers.

Dr. Ames, in his excellent essay on pneumonia, (*N. O. Med. & Surg. Jour.* 1854, p 417,) the disease in which antimony, and calomel are supposed to be specially adapted, after describing certain complications, which made the disease more obstinate and fatal, and the certain relation of these complications to the treatment, says: "the nature of these new conditions of disease, in connection with the well known toxicological properties of the medicines, while it served to confirm the former inference, (that these complications were produced by the deleterious agency of the remedies,) pointed to the mercury and antimony, as the only agents concerned in producing them. * * * * It seems that while either mercury or antimony is capable of superinducing these forms of disease, when administered in pneumonia, the accidents arising from the one, are less frequent, and somewhat different from those arising from the other; the latter, however, being equally fomidable when they do occur. An illeitis, or gastro-enteritis, is most common, and is the result of poisoning by tartar emetic. Mercury, on the other hand, may induce an inflammatory state of the intestinal mucous membrane, less frequently, if ever, involving that of the stomach, and more frequently that of the bowels, and occasionally it may be about the same time the liver and the brain. When these two medicines are given together, the resulting complications are apt to involve all the structures mentioned, and it may be added, are more likely to occur.

"It is, perhaps, unnecessary to say that these complications were proved to be of the most formidable nature, always aggravating the pulmonary disease and rendering it less amenable to treatment; they not unfrequently led to a fatal termination when death most probably would not have occurred from the pulmonary disease alone."

Dr. Boling says; (*N. O. Med. and Surg. Jour. vol.* 5. p 291,) "half as many deaths have occurred in consequence of gastro-enteritis, induced by antimony, as from the disease itself." A patient now on my hands, has, for more than six months, suffered constant irritability of the stomach and bowels, of such severity as we seldom see, which was induced, I have every reason to think, from antimony administered to her during the past summer. In a recent report upon Antimony, by the Medical Society of London, it is shown that this agent not only produces the effects above mentioned, but "marked fluidity of the blood," "failure of the circulation," "general congestion," and when administered slowly and in small doses, collects in abundant proportions in the liver, and in smaller proportions in the kidneys and heart. What similar testimony have you against the careful and judicious use of strychnia?

Of mercury, Dr. Watson says: "its use destroys the red blood as effectually, as it may be destroyed by venesection." The following quotation is from Dr. Stoke's lectures on theory and practice: "There is the hepatic school of medicine, in which the existence of almost every organ, except the liver, seems to be forgotten, and of which the creed seems to be, that there is but one viscus, the liver; one source of disease, biliary derangement; and one cure, Mercury—a creed, which, though not enforced and defended by the sword, has lost perhaps as much human life, as others whose history is written in letters of blood." Mr. Carlisle, alluding to the use of calomel, thinks that such a state of things "is passing strange?" He thinks that "men starting into the exercise of the medical profession, from the cloistered study of books—unaware of the fallibility of medical evidence, and unversed in the doubtful effects of medicines, may be themselves deluded, and delude others for a time; but when experience has proved their errors, it would be *magnanimous*, and yet no more than just, to renounce both the opinion and the practice." Do you deny all that Dr. Hamilton says, of the danger and evil effects of even the simplest and mildest forms of this medicine, and especially, that "it is universally acknowledged, that the morbid effects of mercury may be induced very suddenly, and by very small quantities of the medicine, in certain constitutions, where no marks exist, by which such peculiarities of habit can be distinguished, and there is no method of arresting their progress?" Dr. Tweedie says: "Mercury, administered as a remedy, causes hepatitis and sometimes jaundice." Drs. Nichol, Dick, Cheyne, and Chapman, all believe that hepatic diseases have been increased by this class of remedies. Heberdeen, shows that the mercurials will develope rheumatism, in certain constitutions. We have abundant evidence in the writings of M. Desruelles, McGrigor, Dr. Isaac Hays, and others, to show that mercury often augments the intensity of venereal affections, and, by its methodical use, produces diseases which may be confounded with secondary symptoms of syphilis. These men abandoned its use, not from *prejudice*, but in consequence of numerous facts and observations which taught them to appreciate justly mercurial treatment.

Dr. Lente, formerly one of the surgeons in the New York City Hospitals, writes in the *N. Y. Med. Jour.*: "there are constitutions which will not bear the administration of mercury in any stage of disease.—

It is impossible for the most astute physician to ascertain that such an idiosyncrasy exists, until the evil has been consummated, that mercury is a dangerous and often uncontrollable agent, which aggravates secondary symptoms in syphilis, and gives rise to symptoms, which it is impossible to say are syphilitic or mercurial."

Dr. Bransby B. Cooper "never knew the bones to become diseased, as a result of syphilis, unless mercury had been exhibited."

Without multiplying similar declarations of old school writers, or stopping to inquire whether those who are now known as Eclectic physicians, have a right to draw like conclusions from their observations, and to act and express themselves accordingly, let me add an extract from an article in the *Boston Med. & Surg. Jour.* which gives very satisfactory reasons why these remedies are still in prevalent use: "The remarks of Drs. Stokes, Bell, Edwards and Vavaseur, naturally excite the query, why has the doctrine which induced such a constant, almost universal application of mercurial preparations, so many advocates and disciples at this day? To this no other answer can be given, than that it is because there are too many in the practice of medicine, who do not, either from sluggishness, exercise that simple observation, by which Sydenham was enabled to overturn the long labored and supposititious reasoning of the whole dogmatic phalanx who thought it beneath their consequence to stoop to the dictate of heaven's first agent, because there are too many who place a blind confidence in the opinion of those authors who are taken as examples—and they reason not, because their subserviency has rendered them incapable."

If necessary, the writer could give the published testimony of many in connection with his own, that arsenic and lead, when administered methodically, have given rise to affections of the character of paralysis, deafness, dropsies, etc. But in view of what he has written, is it not strange that an intelligent physician would ask why these several agents, at least antimony and calomel, "can not be used with as much safety as strychnia?" Have we any evidence that strychnia administered in medicinal doses, has left either organic or functional disease in consequence?

I must add a few thoughts respecting another statement in your letter, viz: "To be committed to the support of the old school, its code of ethics, etc., does not involve the surrender of our independence and professional rights." Properly organized and concerted efforts for the promotion of medical science, finds seldom a more willing advocate than is your correspondent. His high regard for, and his confidence in the Am. Med. Association, as a means of promoting the interest of science, will not permit him to regard it in the light presented by the "Stethoscope," as "having become a committee of schoolmasters, its sessions the foreground for the display of pinchbeck wares, etc." I am disposed to extend my humble influence toward the welfare and permanency of everything connected with this and other old school medical organizations, except their illiberal and proscriptive features. But you deny that they possess such. Let us see. Read the resolutions passed by the Am. Med. Association, at its meeting in Philadelphia, in May 1847, and which I believe have never been rescinded nor countermanded:

"Resolved, 4th. That the certificate of no preceptor shall be received, who is avowedly and notoriously an irregular '(Dr. Smith, of Boston, says that those belonging to the societies are regular by general consent, and those not members of such bodies, are irregular,)' practitioners, whether he shall possess the degree of M. D. or not!"

"Resolved, 8th. That it is incumbent upon all schools and colleges, granting diplomas, to carry out the above regulations!

"Resolved, 9th. That preceptors are to advise their students to attend only such institutions as shall rigidly adhere to the recommendations herein contained."

Here the Association acts the *sanhedrim* of the profession—after laying down regulations to govern medical colleges, it boldly avows its intolerance and close-communion dogmatism, by directing the faithful to patronize no institution which does not *rigidly adhere* to its regulations. Does not this smack slightly of the spirit of inquisitorial times? How much better is the spirit of the above than that of the decrees of the university of Salamanca, in Spain, in the 16th. century, deciding that no physician should let blood from the arm opposite the side affected, in pleurisy, and alleging that, to do so, was "no less pernicious to medicine, than Luther's heresy had been to religion." If I denounce bleeding, or lay aside calomel for Leptandrin, or Podophyllin, or have the hardihood to improve in any similar manner upon the teachings of my "sluggish," and "subservient" predecessors and cotemporaries, I am so totally disgraced in the eyes of medical men, as to be cut off from all communication whatever. My certificates of study, shall be considered unworthy of notice or belief, and my students shall be considered disgraced by carrying certificates from such a heterodox source.

Are such things congenial to the self-respect, the honor, and magnanimity of a liberal minded physician? Besides the foregoing resolutions, I could refer you to similar ones passed by the State

Convention of physicians, in Ohio and other States; by the "Monroe Co. Medical Society," *et ad omnes*, forbidding members consulting with, and meeting "irregulars" at autopsies, and instructing them to denounce, scorn, and despise all who do not dance to the tune of calomel and the lancet. As very properly said by the Editor of the *Medical World:* "Excellent physicians and surgeons in these United States are branded as infamous, by those who have not a shadow of a claim to consideration, beyond the fact that they are fellows of some medical society. Yet there is no place recognized as honorable, by Anglo-Saxon discrimination, which they could not sustain. Fine talents, unimpeachable character, and superior educational advantages, ('and I may add acknowledged success in practice,') *weigh nothing* with those fraternities." I could insert here, an interesting note from one of your "subservient" fellows, who was compelled to "back out" from his habit of consulting with your correspondent, because, forsooth, the regulations of the "Monroe Co. Medical Society," involved the surrender of his independence, and what he had on previous occasions supposed to be his "professional rights." Examples illustrating the same spirit and rule of intolerance are to be found in abundance, at home and abroad. Prof. M., upon declining to assist the writer in operating for strangulated hernia, offered no excuse but the "stringent regulations of our societies." Did not the Am. Med. Association reject a respectful memorial from the Am. Med. Association of Paris, because it implied inefficiency in our system of instruction, and recommended that "graduates should not be required to believe in any particular doctrines, but to show the necessary amount of medical knowledge to practice with ability and honor?" Did not a prominent member of the Association, at its last meeting, recommend its members to treat with sovereign contempt, and to withhold from irregulars, all professional courtesies and civilities? Did not the "Royal Medical Chirurgical Society," exclude certain prominent medical journals, because views were published in them at variance with those of the Society—"to warn all journals, that in the future they will not be allowed to run counter to the dignity of the profession, in their own way?"—Do you see nothing in all this, that involves the surrender of ones independence, and professional rights. Had "Smelfungus" (vide *Buffalo Med. Jour.*) no occasion for intimating the existence of "procrustean creeds decapitating nonconformity?"

> 'Tis liberty alone, that gives the flower
> Of fleeting life its luster and perfume.
> And we are weeds without it. All constraint,
> Except what wisdom lays on evil men,
> Is evil; hurts the faculties, impedes
> Their progress in the road of science; blinds
> The eyesight of discovery; and begets,
> In those that suffer it, a sordid mind,
> Bestial, a meager intellect, unfit
> To be the tenant of man's noble form."

I for one, can not consent to ride a sleeping leviathan, nor to be made "subservient" to its "sluggish" gait. Give me medical freedom, or give me medical death! God having given me such a spirit, it has led me for the few past years to discard some of the old school routine of practice. I do so from honest convictions that the measures I reject are inappropriate and unphilosophical, and no system of ostracism will bring me back.

In speaking of the "reformed practice," the *Boston Med. and Surg. Jour.* says: "its chief corner-stone rests upon the *pertinacity* not to say *obstinacy* of *those belonging* to *our own household*. The over liberal and indiscriminate use of some few mineral substances, etc, excited a prejudice which shook our system to its center." It is from these evils, that the writer and his coadjutors would reform old school medicine. We have thrown off this "*pertinacity*" and this "*obstinacy*," which is characteristic of your class of physicians, and which has engendered almost universal dissatisfaction with the discriminating public. The spirit of *freedom* which for ages has been struggling in chains, is abroad. The May-Flower itself, has long since rotted, but the spirit of its *voyageurs* yet lives and expands. Their free thinking and restless descendants will be in medicine, as in religion and politics, untrammeled, and claim the great prerogative, to question the conclusions of the hoary past, and those dearly cherished, at the present time. This spirit demands a hearing in medicine, and a hearing it will have, and "woe to him who turns a deaf ear to its questionings." If the old school would retain its prestige, and the confidence of the truth loving freemen of our progressive country, it must be less proscriptive, less intolerant, and more willing to search for truth and adopt it when found.

NEURALGIA.

BY H. G. BARROWS, M. D.

It is only within a few years, that anything has been known of Neuralgia as a distinctive disease. Many a tooth has been sacrificed, and many a fomentation applied, but all to no purpose; neuralgia has stood forth as a champion disease, defying alike surgical treatment and the skill of the physician. But of late, more is known of this malady, and remedial agents have been found, to which it has been compelled to yield.

Among other remedial prescriptions, I am happy to present one which has almost proved a specific in my hands, as well as in the hands of other medical men, at whose disposal I have placed it.

℞. Ext. Valerian,
Ext. Hyosciamus,
Oxide of Zinc, āā grs. xii.

M. Ft. Pil. No. 12. One pill daily, or in extreme cases, two a day.

With these, I have been successful in curing the most obstinate cases.

Another very good, and in some peculiar cases of neuralgia, very successful formula is,

℞. Spts. Vin. Gall. f℥iv.
Nit. Potass. Pura, ʒii.

Dose, a teaspoonful twice a day.

For facial neuralgia, the following I have found very successful.

℞. Ext. Nicotianat, in aqueous solution, applied to the face. Or,

℞. Veratria, grs. iv.
Axung. Porcin. ʒv and ℈i.

M. Apply to the face.

Another formula which I have found successful in general neuralgia is,

℞. Sulph. Morphia, grs. ii.
Cyanide of Potassium, grs. iv.
Muc. G. Acacia, q. s.

M. Ft. Pil. No. 24. Dose, one pill every six hours.

For an external application, in the shape of an embrocation, the following will be found serviceable.

℞. Lin. Saponis, f℥ii.
Chloroform, fʒi.

Should these prove as effectual in the hands of others, as they have in mine, they will well repay a trial.

CASE ——?

BY ABRM. LIVEZEY, M. D.

Miss W., aged forty-five, having recovered from a pretty severe attack of acute rheumatism so far as to be able to attend to some slight domestic duties, began to exhibit a depressed or melancholic state of mind about the 1st of March, 1856, as it was supposed by members of her family, on account of the proposed selling, and the consequent necessity of the leaving of the *homestead*, by reason of the recent death of her father.

The melancholy increased, and a suicidal intent was at length manifested, which she endeavored to carry out one day, by throwing herself into a deep mill-pond near by. Unknown to her, however, her brother was on the watch and rescued her. She returned home sullenly, said but little, but was evidently the better of her cold plunge-bath, for she seemed more reconciled to leaving, commenced packing her drawers, etc. However, she ate but little, and slept less, and in consequence debility increased upon her, so that she was obliged to keep her bed,—and from that day she refrained entirely from eating for a period of thirty-five days, if we except two small divisions of an orange, and drank but sparingly through this lengthened period of abstinence.—This may be doubted by some, but I was particular in making inquiries,—that she was not able to get out of bed,—that she was constantly watched day and night. The family are deserving of entire confidence as to veracity.

During this period, she only addressed a few words to her mother, of but little import,—would not speak to any female friend who visited her, nor to her physician,—made no requests, but would follow those who came into the room, sometimes, with her eyes. She voided urine, but no fæces for the period of thirty-five days. At the end of this period she asked for milk and potatoes,—the latter of which she ate in large quantities, and devoured them in a most ravenous manner, and on the same day she had a natural evacuation from her bowels. She soon gained strength,—has gone westward with her friends, but still continues melancholy, unsociable, very irregular in appetite and strange in conduct, generally, at times.

FREAKS OF THE UMBILICAL CORD.

BY O. W. TRUE, M. D.

We read of, and have occasionally occurring in Obstetrical Practice, various departures from what are called *natural labors*, by writers upon this interesting and important subject. To me, and I believe to all lovers of improvement in this important part of medical science, any hint or account of what may be met with at the bed-side, that may cause a moments anxiety to the experienced or inexperienced attendant, or increase the danger of mother or child even in a slight degree, is interesting.

Labors attended with a departure from the most common form, with regard to the umbilical cord, are probably the most common of any kind; and though generally reckoned natural, unless complicated with procidencia, are happily not often attended with serious accidents; yet this may be the case, unless timely remedied in a proper manner. The labor is not often retarded in its progress by any of these freaks because the danger falls generally upon the child.

The difficulties arising in labor through the freaks of the umbilical cord, which are enumerated, beside the diseases that sometimes attack it during pregnancy, are, a too long, or a too short cord; a too large or a too small one; a knotty cord, that is, where there are one or more knots found tied in it; a cord coiled around an arm, a leg,—and one author, whom I read at sometime said, "around the body;" and one, two, and as Dr. Beach says, three, or four folds, occasionally, of the navel-string coiled around the neck are to be met with; and procedencia, which is probably the most critical to the child of any of the forms enumerated.

It is found around the neck much oftener than in any other of these anomalous conditions, and it has been my good fortune to meet with only this irregular form. What proportion of children are born with one or more coil of cord around their necks, I have never seen any report of that occurs to me at this time. Any statistics upon this point through the Journal would be gladly read. There are readers of its pages, and writers for it, too, whose experience has extended over a goodly number of years, with much more extensive practice than country physicians can ever hope to enjoy. It would be a satisfaction to the young physician, and an aid to that completeness of knowledge of his profession which would give him a confidence in his ability and in the efficiency of nature to overcome many seeming impossibilities in her own best way.

In making my debut, I was called to an acquaintance, of good health, well proportioned, second confinement, at full period, with confidence in my ability, as well as the assistants. All went on well. In due time the head passed through the external genital organs; and, accidentally, probably, more than otherwise, something was discovered around the neck of the child, which did not belong there. It was soon decided to be the *navel-string*, and was removed with but very little difficulty. This was not looked for among the casualties which were to give anxiety to me in my first attempt, as authors say "it sometimes happens." I then first learned that it was, among certain *old women*, an omen of no good. This is truly a whim.

It so happened, if happening it shall prove to be, which the experience of others shall decide, after being collected to a suitable number to show what proportion are such, that the second, third, and fourth cases in succession that I was called to attend, were accompanied with a coil around the neck. By this time I thought that "it sometimes happens" was with a vengence. Authors were consulted but no clue to the liability of their recurrence could be found; only *it sometimes happens!* It has happened in about one third of my cases, that one coil, and once that two coils, were around the neck. Occasionally the cord has been pressed against the pelvis, so as to retard its removal from the neck at the first attempt, yet nothing very serious resulted. In the case of *two coils* which occurred in a case of labor in April, 1856, which I attended, the receding motion of the child as the pain ceased, had to be accelerated to get length of cord sufficient to pass the coil over the child's head. The pains were vigorous; third confinement. All else as usual.

AN ACEPHALOUS FŒTUS.

BY A. H. POTTER, M. D.

ABOUT four o'clock in the afternoon, in the latter part of the month of November 1854, I was called to attend on Mrs. J——, a young lady in confinement with her first child. Mrs. J—— was about 24 years of age, of a delicate frame and of a rather feeble constitution, and of a nervous, sanguine temperament. She had suffered excessively during the three first months of her pregnancy with dizziness and pain in the head. After that time she had experienced no unusual symptoms, nor did she recollect anything particular about the movements of the child, but thought they began at about four-and-a-half months of gestation.

Shortly after my arrival at the house I made an examination, and found that true labor had commenced, apparently a head presentation; the os uteri but slightly dilated.

On the second examination, at half-past five o'clock, the os uteri was considerably dilated, the head presenting, although there appeared to be something peculiar in the formation, but as the waters had not yet passed off, I could not fully make out the peculiarities in the case.

On the third examination at a quarter past six o'clock, I found labor slowly progressing, the os uteri fully dilated, the membranes ruptured, the face presenting, with the frontal bone thrown up under the arch of the pubis the chin looking towards the sacrum. The pains were strong and frequent; I then proceeded to bring down the head in its proper position. In passing my hand up over the forehead, to find the anterior fontanelle, I found the head terminated abruptly, directly above the orbital ridge. I also found that pressing on any part of what appeared to be the superior part of the cranium caused peculiar convulsive movements of the fœtus, attended with excrutiating pain to the mother. I did not offer any farther interference, but trusted to the natural powers of the system.

At ten minutes before seven in the evening, the patient was delivered of full grown fœtus of the male sex, which weighed 7 1-2 pounds, perfectly formed in every part except the head, which proved to be a perfect specimen of acephalous child, its length was 16 3-4 inches.

There was entire absence of all the superior portion of the cranium and brain. Both of the parietal bones were wanting, the squamous and temporal portions of the temporal bone, also the superior portion of the frontal, down to the frontal ridge, and even with the orbital plates leaving the occipital standing up from the base of the skull like a comb. The remaining portion of the frontal bone droped back, diminishing the cavity, and leaving the upper portion of the orbital plates much the highest point of the head. The eyes were large and prominent, looking upwards, and could not be closed; the ears were large, thick, and lobed. The malar bones were not as prominent as in ordinary cases. The superior maxillary were more acute which with the nose stood out more prominent, giving the face much the shape and appearance of a baboon.

The brain was entirely wanting, and in place of it there was a dark colored oval shaped bulb or tumor, arising from the superior surface of the base of the cranium, situated directly over the superior portion of the medulla oblongata, corresponding to the pons varolii, of 1 3-4 inch in length by 1 1-4 in breadth, and about 1-2 an inch above the base of the cranium. This tumor with the entire inner portion of the cranium was covered with a dense membrane resembling the dura mater. This membrane was connected with the common integument throughout the entire circumference of the cranium, at its outer margin, and numerous blood vessels could be distinctly traced over the tumor, but were measurably lost in other portions of the membrane. On examination, there were no traces of medullary matter to be found in any portion of the tumor above the mdeulla oblongata, but it had much the appearance of coagulated blood, with few traces of fibrous matter running through it. The movements of the child at first were strong and natural, but as the pulsations in the cord grew weaker, the powers declined, and when the cord was divided the muscular motions ceased altogether and only two convulsive respirations were noticed after, and all signs of life were extinct. The cause assigned by the mother for this anomalous appearance of her offspring, was, that upon the 4th day of July at about the fourth month of gestation, she became exceedingly anxious for chickens for her dinner, but as she could not get any one to kill them for her, she caught them and with her own hand, wrung off their heads. The mother when shown the child, replied, " when I wrung off the chickens heads, I wrung off the head of the child."

ABSENCE OF LIQUOR AMNII, AND INVESTING MEMBRANE.

BY J. H. MC QUOWN, M. D.

An obstetrical case, presenting something new to me, recently came under my care, and I concluded to write you upon the subject.

I was called, March 8th 1857, to Mrs. B———, aged 25 years, in labor with her first child. She had gone to the full term, and I found the pains characteristic of the first stage of labor. On an examination, I found the os uteri within reach and dilated to about the size of a fifty cent piece, and quite dilatable. The head presented, and I found no membranes interposing between my finger and the fœtal cranium. I interrogated her and a lady who had been with her from the beginning of labor in regard to the rupture of the membranes and discharge of the waters, and I was informed that it had not occurred. I examined her clothes and found them dry. The labor continued about six hours, and she was delivered of a very plump female child, whose weight was twelve pounds, but still no appearance of membranes or liquor amnii. I cut the cord, and before the cavity of the womb became filled with blood, I introduced the hand to ascertain if the membranes were not adhering to its walls, but they were not there. I found the interior of the uterus quite dry and thickly covered, as was the body of the child, with a white, tenacious, cheese-like substance, and there was a complete adhesion of the placenta. The adhesion was so great, that it was impossible to distinguish the line of demarcation between the uterus and placenta, and it was with the greatest difficulty that the separation was made. I then examined the placenta, but no trace of membranes could be found.

Now, here is a fœtus at full term, *without investing membranes or liquor amnii*, and it stands in direct contact with our preconceived notions and theories on the subject. I do not remember, in the course of my reading to have noticed the mention of such a case. Can you account for it?

"LEGITIMATE MEDICINE" IN A "TRANSITION STATE."

NO. II.

BY J. EMERSON KENT, A. M., M. D.

In my first article I gave the admission of Dr. Cotting (made before the Norfolk, Mass. District Med. Society) that the "established practice" is in a state of transition from the dogmas of the past to "more rational methods," and I now present a similar admission, taken from the pages of the *Boston Medical and Surgical Journal*, the organ of the "regular practice" in the New England States and the oracle of New England Medical Orthodoxy. The extract I annex, is from the pen of Edward Warren, M. D., of West Newton, Mass. Says that gentlemen, "we have almost given up the use of the Lancet. Purgatives are in disrepute amongst the profession. * * * Quinia is recommended in Rheumatism. The time may come when it will be considered the sheet-anchor in Scarlet Fever. * * * The time may come when opium and bark (of which morphia and quinia are the active elements) will form our whole Materia Medica, * * * or sometimes a dose of ipecac.

Such is the Dicksonianism of Dr. Warren, who says the "regular profession" has almost given up the use of the lancet, and is fast adopting the more general use of those remedies in the treatment of so called inflammatory diseases, which are known to be most effective in the cure of intermittent fever, or as it is more popularly known, Ague and Fever. But what will "legitimate medicine," and its organ say to this avowal of Dr. Warren? Dr. Warren has about made up his mind that "bleeding is no remedy at all" as declared by the *New York Journal of Medicine*, and he says the "regular profession" has almost given up the use of the lancet, "that minute instrument of potent mischief," and I am very glad to learn that these gentlemen of the *old* school are thus ranging themselves on the reform platform.

But on laying aside the lancet, what are Dr. Warren's substitutes in practice? how, without the lancet, does he now combat that terrible goblin, *inflammation*, for which the lancet has been so long considered the most effectual remedy? *Quinia and Opium!* Presumptuous Dr. Warren, to give up the use of the lancet, which Dr. Tuthill (of New York) assures us has been used from time immemorial!—to lay aside blood-letting which, according to Dr. Tuthill, the regular practice first learned from that ponderous professor of phlebotomy, the Hippopotamus! (who when he felt like opening a vein, struck his leg against a pointed reed, and having thus bled himself *secundem artem*, stopped up the orifice with mud,—at least so says Dr. Tuthill)—blood-letting, which has time and again been declared by "legitimate medicine" to be the "sheet-anchor" in the treatment of inflammatory diseases! See Watson's and Wood's "practice," in proof of this assertion.

Dr. Warren may not have met with the following, but as he has "almost given up the use of the lancet," it may be of some service to him, and to all other practitioners who dare to look truth in the face.

Dr. Southwood Smith, physician to the London Fever Hospital, some time ago published a book to show the advantages of bleeding in fever. One of his cases is so curiously illustrative of his position, that I shall take the liberty of transcribing it from the *Medical Gazette*, with a running commentary by the editor of that journal:—"The case of Dr. Dill," says the editor, "demands our most serious attention, and deserves that of our readers. It is designed as an example of severe cerebral affection, in which case Dr. Smith asserts the bleeding must be large, and early, as it is copious." "I saw him," says Dr. S. "before there was any pain in the head, while he was yet only *feeble* and *chilly.* The aspect of his countenance, the state of his pulse, which was slow and laboring, and the answer he returned to two or three questions satisfied me of the inordinate, I may say the ferocious attack which was at hand."

Whatever may be the opinion of our readers as to the above signs indicating a ferocious cerebral attack, they will one and all agree with us that the (anticipated) ferocious attack was met with a ferocious treatment, for "an emetic was given without delay, and blood was taken from the arm to the extent of twenty ounces; (the patient at the time being feeble and chilly.) This blood was *not inflamed.* Severe pains in the limbs and loins, and intense *pain in the head* came on during the night, and early in the morning *blood was again drawn* to the extent of six ounces, with great diminution, but not entire removal of the pain. Towards afternoon he was again bled to sixteen ounces. The pain was now quite gone—the blood from both these bleedings intensely inflamed —inflamed according to Dr. Smith's own notions—but mark his own words—the first blood drawn was *not* inflamed. Now, if the lancet is a preventive of inflammation, how came the blood to be inflamed after so many bleedings?

During the night the pain returned, and on the morning, notwithstanding the eyes were dull and beginning to be suffused, the face blanched, (no wonder, for he had already lostfifty-two ounces of blood, *three and a quarter pints*) and the pulse slow, *intermittent and weak*, twelve leeches were applied to the temples, (taking at least twelve ounces more,) and as these did not afford relief, more blood to the amount of *sixteen ounces* was taken; immediate relief followed this renewed operation, but, *unfortunately* the pain returned with great violence towards evening, and it was now impossible to carry the bleeding any farther. (Why not?) Typhoid symptoms now began to show themselves, for the fur on the tongue was becoming brown, and there was already marked tremor in the hands. What was to be done? Ice and evaporating lotions were of no avail; but, happily for Dr. Dill, the affusion of cold water on the head (the cold dash) was thought of and employed; and this being effectually applied, the relief was instantaneous and most complete. So that this case, announced as a severe cerebral affection (brain fever) and treated in anticipation by copious blood-letting, before there was any pain in the head, while the patient was yet only feeble and chilly, which grew worse and worse as the blood-letting was repeated, until, after the abstraction of *ninety* ounces (nearly six pounds) of blood, the patient had become in a state of "intense suffering" and imminent danger, was relieved at last by the cold dash,—this case is brought forward by Dr. Smith as a specimen of the extent to which copious blood-letting may sometimes be required! Most sincerely do we congratulate Dr. Dill on his escape, not from a dangerous disease, but from a DANGEROUS remedy."

How fully does this case prove the truth of the following, from Dickson's "Fallacies," published in 1836:—"How often do you find the patient you have bled in the morning, ere night with every symptom in aggravation! Again you resort to bleeding, but the relief is transitory as before. True, you may repeat the operation, and re-repeat it, until you bleed both the blood and the life away. Venesection may in some cases afford a temporary but delusive relief; the general result is depression of vital energy, with diminution of corporeal force."

In view of facts like the preceding, well might the *N. Y. Jour. of Med.* declare that "bleeding is no remedy at all;" well may Dr. Warren give up the use of the lancet, and, with Dr. Cotting, look around him for "more rational methods."

Let the older members of the so-called "established practice" seriously reflect upon the ultimate injury which may result, by opposing the erronious teachings of the past to the palpable and demonstrative truths of the present. So long as disease and its nature were carefully concealed by the mysticisms of the practitioners of medicine, so long would the people submit to any treatment however cruel or atrocious, which had the sanction of authority and usage, but as the people learn the true nature of disease, and understand the laws whereby alone it can be controlled, they will no longer submit to the use of the lancet, the leech, or the scarificator. The advancing intelligence of the people, illumined by the rays of the "new school" doctrines and practice, will no longer submit to the dusty dogmas of such gentlemen as Dr. Tuthill, who has immortalized himself by the discovery that "legitimate medicine" learned to take blood from that august professor of surgery, the Hippopotamus; the people will not longer submit to be bled almost to death's door, by men who stick to the old practice, not so much because they have so long supported it, as, that the "regular practice" has so long supported them by making long sicknesses, and of course long and profitable bills.

EPIDEMIC CATARRH IN HORSES,—OPERATION OF TRACHEOTOMY.

BY G. W. BOWLER, V. S.

There is seldom a year passes, but an epidemic prevails at some period, although, sometimes it is so slight, that Horsemen are apt to make light of it. But this is very wrong, and it behoves every man owning horses to have a care for them on the slightest indication of Catarrh, for if they are only taken in time the disease is readily subdued, but if allowed to run on, it becomes a dangerous foe, and for the want of a little forethought and attention, there is danger of losing a valuable animal.

In the years, 1855, and 1856, a serious Epidemic raged throughout the entire Eastern and Western States, carrying off thousands of valuable horses, the greater portion of which might have been saved had they been placed under the charge of scientific men; but no sooner was one of these animals taken sick, than he was purged, and bled, as is usual with all stable men, no matter what the disease may be, under which the horse labors, they cry for blood. The symptoms were a full, and slightly accelerated pulse, conjunctiva and schneiderian membrane injected, a slight heaving at the flank, with entire loss of appetite; and in the course of eight or ten hours a sudden change would take place,—the pulse being slow and feeble, with considerable debility, so much so, that on attempting to move a horse in this stage, it is with difficulty he can stand;—a purulent discharge from the nostrils, which becomes quite fœtid. As the disease gains ground, it follows the mucous membrane of the Trachea. Pneumonia supervenes and generally the animal dies. In these cases bleeding was almost certain death; for instead of depletion, we were required to support the animal, both by stimulants and tonics, and where this rule was followed it was rare to lose a case if taken in due time.

We have a disease which is very prevalent at the present time, but differing a little from the epidemics of former years, and not prevailing to such an extent, and if precautionary measures are taken in the early stage, there is little fear of a fatal termination, though I am informed that many have died throughout the country.

The cause may be the sudden changes in the atmosphere, from heat to cold and vice versa. An easterly wind has prevailed for a considerable time, and it is a well known fact, that epidemics oftener prevail when the wind is in that quarter, than at any other time Badly ventilated stables are one great cause of disease in horses, and a stable where a large number of horses are congregated together is more liable to disease than any other, as the fumes which arise from the manure and urine, together with bad ventilation, must necessarily have a deleterious effect on such animals as may be confined in it, as the air must become poisonous, and a horse coming out of the pure air where he has been at work, and having to inhale the poisoned atmosphere of the stable, there is no reason to wonder at his being sick, as common sense will dictate to every man, that unless he have an iron constitution, it will eventually bring him down.

The symptoms of the prevailing disease, are, considerable swelling of the Parotid and Submaxillary glands,—watery discharges from the nose, inflammation of the Larynx, in which the Pharynx is involved. Pulse full but irregular, inclination to eat, but great difficulty in swallowing. As the disease progresses, the breathing becomes difficult, a whistleing noise can be heard at a considerable distance, which, if not relieved; will eventually cause suffocation. It attacks horses of all ages, from the sucking colt, to the aged horse.

I was called upon by J. C. Esq., residing near Glendale, Ohio, requiring my attendance on a valuable three years old colt. On my arrival at the farm, I found the animal had died a short time previous. The owner had applied some slight remedies himself, not thinking it was anything serious, until it began to take a malignant form, when it was too late and he lost a horse worth $1000 ; whereas, had I seen the animal earlier, he might have been saved. On looking over the stock I selected out four two years old colts, affected with the same disease, gave a Febrifuge draught to each, with a counter irritation to the throat and Trachea. I next day selected six others of various ages, treated them all in a similar manner and left. In two days, I was requested to look at a brood mare and foal both of which were affected. The mare got worse, and on the second day her head was swollen to such an extent that it was with the greatest difficulty she could breath. Every thing possible was done to reduce the inflammation. Steaming she could not bear, as it required all the fresh air she could get to prevent suffocation. I perceived she was getting uneasy, and trying to call her foal, pawing the ground, and her look of anguish as she tried to breathe, was pitiable to look upon. She now made several attempts to lay down, but was afraid. I knew there was no time to be lost, for unless she had immediate relief, death would soon put an end to her suffering. I suggested the operation of Tracheotomy, to which her owner gladly consented. I made an incision, excised a portion of the Trachea, and having no tube, I made one from a piece of Elder wood, which answered the purpose. The mare was immediately relieved. She continued to breathe through the tube for two days, when the inflammation began to subside, and I removed the tube and closed the wound. The mare is now out on pasture doing well,the others are all convalescing.

OXIDE OF SILVER.

BY T. C. MILLER, M. D.

I have used the oxide of silver for a great length of time. Its greatest force is that of a sedative, and tonic. I have used it in Dyspepsia, Nausea, Cardialgia (1-2 grain, twice a day,) Pyrosis, Chronic Gastritis, Hæmorrhage, Leucorrhœa, Gastralgia, Enteralgia, Cholic Pains, Periodical Diarrhœa, in some forms of Chronic Dysentery, Night-Sweats, Menorrhagia, Epilepsy, (one grain daily, in two or three doses,) Abnormal Secretions of a bloody or purulent character, in Syphilis, (secondary and tertiary form.) I have used it externally in ointment or powder, in Ophthalmia, and in syphilitic and painful ulcerations, with profuse secretion, or where there was a scrofulous tendency.

It is of extreme value in excessive discharge of the uterine secretions which occur in consequence of great local irritability, but not in those cases where the discharges are caused by mechanical injury. In these cases I give from 1-3 to 2 grains at a dose, and repeat the dose from two to four times a day.

I have considered it somewhat of an astringent from having found it the best of remedies in diarrhœa after the typhoid fever. I have used it in those cases a great many times. It sometimes fails, but I do not consider that an evidence against its value, for sometimes our best remedies fail us, and the cause of the failure is not in any change in the medicine, but a variation in the disease or patient.

I have also found other remedies, which usually prove very effectual in most cases to fail in some. For instance, I have used the *Cubic Nitre*, (the Natrum Nitrum cubicum, of Rademacher, one of his universal remedies,) in Scarlatina, with the loss of very few patients during two epidemics, but in a third epidemic, while the disease was still called Scarlatina, but its nature had so changed from the former condition, that the cubic nitre did no good, and I was obliged to resort to the use of the Bicarbonate of Ammonia in solution in its stead.

The oxide of silver may be given in the form of pill or powder, and there is no danger of its producing the discoloration of the skin that sometimes follows the use of the nitrate of the metal.

PROCEEDINGS OF THE UNION ECLECTIC MEDICAL SOCIETY.

SECOND QUARTERLY MEETING.

AMELIA, O., April 11th, 1857.

UNION E. M. Society met pursuant to adjournment, J. S. Martin, M. D., President, in the chair. Minutes of last meeting read and approved.

W. M. Ingalls, M. D., made some interesting remarks upon Pseudo-Membranous Laryngitis. Thinks no case can be cured when once fairly seated.

Dr. Martin concurred in the above. Thinks in many cases Catarrhal Croup is mistaken for Membranous. Never saw a well marked case.

A. V. Hopkins, M. D., being present, was, on motion of Prof. Kelly, invited to participate in the discussions of the Society. The Dr. responded in a few interesting observations upon membranous croup. Does not like the use of emetics in such cases.

Dr. Ingalls, from the committee on surgery, read an interesting report, which was placed on file by the Secretary.

Prof. Kelly, also read an interesting essay upon Dysentery, giving symptoms, treatment, etc. Also on Hysteritis or Inflammation of the Womb, which was placed on file.

Dr. Martin, stated that he placed great confidence in the use of the oil of turpentine in the treatment of Typhoid Fever.

Dr. Ingalls, presented a case of Conjunctivitis. Had been using Mild Zinc Ointment locally, and as an alterative, the Comp. Syr. Stillingia and Iodide of Potassium. Had cupped the temples; kept the bowels regular with sulphate of Magnesia.

Prof. Kelly, concurred in the above. Might use the Nitrate of Silver in solution.

Dr. Martin, was opposed to the use of Caustics in Chronic Diseases of the Eye. Generally used Black Salve and Olive Oil; giving a Cathartic to regulate the bowels.

Dr. Ingalls, used in accute diseases of the Eye the following: Acetate of Plumbi three parts and Sul. Zinc one part in solution.

Dr. Marsh, stated he had used an infusion of Hydrastis and Tinct. Aconite with success. Kept the bowels regular and bathed surface with tepid water.

Dr. Martin, reported a case of Billious Remittent Fever, treated by the use of Quinia and Tinct. Veratrum Viride, and injections of tepid water in the morning, and cold in the evening. Continued Quinia and Veratrum Viride for twelve hours, then changed to Carb. Ammonia and Camphor, alternated with Quinia alone. Still using the injections of water.

Nursing Sore Mouth.—Prof. Kelly remarked that he would first advise the weaning of the child. Would give an active cathartic of Podophyllin and Leptandrin, apply locally Hydrastis, Sul. Zinc and Tinct. Xanthoxylum. Bathe in tepid water, and gargle frequently with cold water.

Dr. Ingalls, stated that in addition to the above he would keep the bowels in a soluble state with Rhubarb, and would apply locally a solution of the Iodide of Potassium followed by Slippery Elm emulsion.

Dr. Marsh, preferred the Comp. Syr. Rhei to regulate the bowels in such cases.

Excoriation of the Neck.—Case reported by Dr. Martin. Had used Iodide of Potassium, ʒss, Aqua, f℥j, dose gtts. iij per day, and increase gtt. j per day until gtts. vj were given each day. Apply locally Black Salve and Olive Oil.

Dr. Ingalls, generally used Spermaceti, White-wax, and Oil of Almonds, scented with Rose water.

Intermittent Fever.—Two cases reported by Dr. Marsh.

One case of eight months standing, patient having a chill two days in succession and missing one. Had been treated by several physicians without success. Gave him the following: Podophyllin grs. ij, Leptandrin grs. iv, every three hours until it produced active catharsis. Then followed with the following: Sul. Quinia grs. xx, Elixir Vitriol fʒj, dissolve, add Tinct. Gelseminum f℥ss, Tinct. Macrotis f℥jss. Mix. Dose fʒj every three hours. Patient had but one chill after taking the medicine. Had treated a number of cases by the same course of treatment, with invariable success.

Dr. Martin, offered some interesting remarks upon the above, citing a case, but did not give the treatment.

Dr. Marsh's additional article to our By-Laws as offered at the last meeting, was on motion of Prof. Kelly adopted as follows:

"It shall be the duty of each member of this Society, to report in writing at each meeting any important cases that may come to his notice, giving the prominent symptoms, treatment and success."

The President appointed the following Committees to report at the next meeting of the Society.

On Obstetrics,	B. Blythe, M. D.,
" Surgery,	J. F. Ridgway, M. D.,
" Medical Practice,	Dr. R. Marsh.

On motion of Prof. Kelly the Society adjourned to meet at Forrestville, Hamilton Co., on the second Saturday in July, at 10 o'clock A. M.

J. S. MARTIN, M. D., *President.*

ON MERCURIAL TREATMENT.

BY J. G. RADEMACHER, M. D.

[Translated from the German by T. C. Miller, M. D.]

Mercury causes diseases of the whole organism. I do not deny that an organ can be cured by the use of mercury. From the head to the feet, there is perhaps no organ which could not be affected favorably with it, but the difficulty in its employment is:—that it is very *unsafe* as a remedy: its curative influence is by no means certain.

In obstruction or induration of the various organs of the abdomen, or in tubercles of the lungs, it will cause a *change* in the condition of those organs, but the change is more likely to produce supuration and decomposition of the organs, than to produce a removal of the diseased condition.

It kills, as well as cures, and no physician in the world is able to discern the point at which the metal will commence its destructive effects, or the amount which can be administered without danger. What is called obstruction or induration, is often beyond the reach of our hands, but when the diseased organ has swollen so as to allow the change to be discovered, and we made cognizant of the harmful effects of the mercury, the discovery will be made so late that probably but little can be done to counteract the injury.

If mercury is given for the purpose of overcoming obstruction, or dissolving induration of glands, or to remove an unknown disease in the system, as is frequently the case, it must prove very injurious indeed, and the danger arising from its employment can not be measured. Those who suppose that all changes of this character can be immediately detected, must have studied their profession in the books, rather than at the bedside.

Again; when iron or copper are indicated, mercury will prove exceedingly harmful; and unlike the harmful effects of some remedies, the danger will not quickly pass, but will continue for a long period of time. In those diseases where iron or copper are applicable, we are not often able to recognize any particular organic changes, but we determine, sometimes, the need of those metals by a trial of their use. Those metals may be *tried*, and no harm can come of the properly conducted experiment.

Mercury, also, is often prescribed experimentally, but the physician will soon find out (provided he has sense and judgment enough to make the discovery,) that the patient is greatly injured by the mercury. Nay, his life may be placed in jeopardy before the evil effect of the metal can be counteracted.

In acute diseases, the use of this vaunted Panacea, often produces a sudden decline of the health and strength of the patient, or even a fatal termination of the case. It is often the case that death will alone disclose the power of the mercurialist's favorite antidote, to put a stop to the ravages of the disease.

TANNIC ACID IN CONJUNCTIVITIS.

BY PROF. CLEAVELAND.

As we find difficulty at times in overcoming the relaxed and congested condition of the arteries in inflammation of the eyes and their appendages, any addition to the list of agents found curative in such cases, must prove of practical value.

Acting on the supposition that in all cases of inflammation of the conjunctiva, a stimulant and astringent are indicated, I have been accustomed to use as an eye-wash, a saturated solution of Tannic Acid in pure water, and make the application, by opening the lids, and applying the wash by means of a common camel's hair pencil. The appliplication can be made without difficulty, and with but little pain to the patient.

At first, the eye will be made to look unusually red, and a slight sense of heat will follow the application of the acid, but the pain soon subsides, and at the end of twenty or thirty minutes the *astringent* effect of the application will be very apparent in the pale and blanched appearance of the conjunctiva, and the diminished calibre of the blood-vessels. The application may be repeated several times a day according to the nature of the case. The uniformly favorable results that have followed the use of the tannic acid, and the advice of my colleagues, has led to my presenting at this time, this brief notice of my use of this agent, which I shall probably illustrate with cases, in a future number of the COLLEGE JOURNAL.

EDITORIAL DEPARTMENT.

THE ECLECTIC COLLEGE OF MEDICINE.

On the 23d, of May, the Spring Term of the College was brought to a close, and after a Session of most remarkable satisfaction on the part of the faculty, and as far as we are able to judge, on the part of the Students also, the Trustees bestowed the degree of Doctor of Medicine upon the following persons.

Aaron Badgley, of Ohio.
Mrs. E. H. Barry, of Ohio.
E. D. Beher, of Ind.
S. R. Billings, of N. Y.
W. E. Bower, of Ind.
T. M. Butler, of Ill.
H. Collier, of Ind.
Mrs. E. B. Combs, of Ind.
W. R. Griffin, of Penn.
Miss. F. R. Harris, of N. Y.
Mrs. E. C. Mayo, of N. Y.
Joseph Mayo, of N. Y.
D. L. Overholser, of Penn.
Miss. H. E. Seeley, of Penn.
F. W. Smith, of Ohio.
A. C. Stephenson, of Tenn.
Mrs. E. R. Still, of Ohio.
J. F. Ridgway, of Ohio.

The *Honorary Degree* was also conferred on the following physicians:

Moses Brown, of Mass.
Chas. M. Wood, of Mass.
Robert Wood, of Mass.
G. H. Dadd, of Mass.
A. S. Campbell, of Miss.

In the organization of the College, the power of conferring the Degrees, is given to the *Trustees*, and not to the *Faculty*, as with most, and the examinations and replies being made in *writing*, the Trustees and others are enabled to judge with certainty as to the progress each of the candidates has made in the science, and we doubt not, this separation of the office, of Teacher from that of the person who is to judge of the fitness of the pupil for admission to the honors of the profession, will in the end be found to work to the honor and advantage of all concerned.

During the past year, One Hundred and Seven students have attended the lectures of our College. Of these sixty nine were in attendance during the Winter Session, and thirty eight during the Spring Session. Of the winter class twenty-nine were graduated at the close of the term —and of the Spring Class eighteen were graduated. From this statement, it will be perceived that the proportion of graduates to the entire number in attendance was quite large. This was owing to the fact that some members of the class were already graduates of other medical colleges,—that others were persons who although not graduates, had for a considerable period of time been engaged in the active practice of the profession, and that others still had already attended one or more courses of lectures under our faculty, or at other schools. It was observed by those of us who have been the longest engaged in teaching, that the proportion of advanced students in attendance at our College during the past year was greater than had been in attendance on any former course of lectures. One of the results of this was, the manifestation of a maturity of mind, a desire for improvement, and a uniform, and high toned self-respect and respect for the honor and standing of the profession, seldom observed in the halls of our medical colleges, and a consequent harmony, and friendliness of feeling between the members of the class, and between the students and the faculty entirely unbroken from the first to the last; and a strong and earnest determination on the part of all, for unwearied effort for the future maintenance of the principles of individual independence and liberality of opinion and practice, which should ever be maintained by the advocates and practitioners of RATIONAL MEDICINE.

At the close of the winter term of lectures, the Trustees saw fit to confer the Honorary Degree upon two gentlemen, well known to many of our readers as men who have for a long time maintained a high and honorable position in the profession as practitioners and men of science; and at the close of the spring session, the same degree was also bestowed on *five* physicians, each of whom has already attained a position above that of the generality of the profession in the region where he is best known.

The friends of other medical gentlemen have applied to our College for the honor of a degree, whose cases will be fairly and faithfully investigated by the board of Trustees, who will finally act as the circumstances of each individual case may demand. While we are able to present to the readers of the COLLEGE JOURNAL this highly favorable report of the result of our labors for the past year, we feel it also our duty to speak briefly of our prospects for the future.

With a most liberal and an entirely satisfactory Charter;—a full and harmonious corps of Professors;—well-arranged and comfortably furnished lecture halls;—entire freedom from the embarassment of debt, or the dangers attendant on an organization based upon *stock;* and with the earnest and hearty co-operation of a large number of friends and well-wishers, scattered throughout the entire length and breadth of the land, we confidently look forward to the future, with the assurance of a large class of students, and the continued prosperity of our College, and the rapid advancement of the liberal policy, and the sanitary mode of practice which it teaches, and with all its ability will ever strive to sustain.

JOHN KING, M. D. *Dean.*
C. H. Cleaveland, M. D. *Secretary.*

THE AMERICAN MEDICAL ASSOCIATION.

The tenth annual meeting of this body was held at Nashville, Tenn. commencing on the 5th, and adjourning on the 7th, of May, 1857. As is usual with such convocations, very little interest seems to have been felt in its doings by the profession at large, or even by its own members, and from the reports which have met our eye we are forced to the conclusion, that very little which is really valuable has been accomplished by the organization during the past year.

The annual address of the President, (Zina Pitctier, M. D., of Mich.) was delivered and is to be published, and Paul F. Eve, M. D., of Tenn. who was elected President for the ensuing year, made a brief inaugural.

Twenty States were represented, but very few prominent medical men appear to have been in attendance.

Of the committees called upon in the order of business, thirteen presented verbal or written reports, sixteen asked and obtained further time, and thirty-nine made no response.

A Resolution to appoint a Committee to report such essays as they should judge worth publishing, was indefinitely postponed.

A protest signed by five Doctors against admitting delegates from Oglethorpe Medical College, received and laid on the table. The delegated were finally admitted under the report of a committee to whom the subject was referred

Resolutions were adopted in commemoration of three deceased members, Dr. Grafton, Dr. R. M. Porter, and Dr. J. L. Mothersett.

Voluntary contributions from three gentlemen were ordered to be published.

A committee of five was raised "to devise a system of Medical instruction" to be presented at the next annual session, and resolutions were adopted after considerable discussion, providing "that the proposed system set forth a uniform basis, upon which our Medical Institutions shall be organized" and "have reference to the preparatory medical instruction of the student," and "That upon the adoption of the proposed system by the Association, all institutions which may conform to it shall be entitled to representation at the annual sessions of this Association, and none others."

The two prizes of the Association were awarded. *The first*, to Henry Frazer Campbell of Ga., for an Essay on "The Excreto-Secretory System of Nerves," Dr. C. claiming priority in the discovery and naming of this system.

The Second, to Wm. A. Hammond, M. D., assistant Surg. U. S. A. for "Experimental Researches relative to the Nutritive Value, and Physiological Effects of Albumen, Starch, and Gum, where singly and exclusively used as food."

The following are the officers of the Association for the ensuing year:

President. Dr. Paul F. Eve, of Tenn.

Vice Presidents, Drs. R. J. Breckinridge of Ky., D. M. Reese, of N. Y., W. H. Byford, of Ind., and H. F. Campbell of Ga.

Secretaries, Drs. R. C. Foster, of Tenn., A. J. Semines of Washington City.

Treasurer, Dr. Casper Wister, of Philadelphia.

The next meeting of the Association is to be held in Washington City, D. C., on the first Tuesday in May, 1858.

Although many have despaired of ever being able to infuse much of the spirit of progress into the American Medical Association, and although by some of the best men in the profession the attempt has been viewed as utterly hopeless, yet we often are enabled to observe signs of progress, at least sufficiently distinct to prevent the hope we have enjoyed from dying within us.

We take great pleasure in presenting our readers with a few remarks made by Dr. C. K. Winston, of Nashville, Chairman of the Committee of Arrangements, when welcoming the Members of the Association to that city. We are well aware that he did not present a fair exposition of many of the more conservative portion of that eminently conservative Association, but doubtless there were men among his hearers whose hearts warmly and earnestly responded to his. He said:—

You are the representatives of a profession distinguished alike for its antiquity, its scientific attainments, and its usefulness. It constitutes the true link between science and philanthropy—science and philanthropy, moral, intellectual and physical. You come from every portion of this glorious republic—from the Kennebec to the Rio Grande—from the orange groves and golden sands—from mountains clad in eternal snow, and valleys smiling in perpetual verdure. You come not for purposes of self-agrandizement or personal ambition, nor yet to advance the schemes of parties or stir up the antipathies of sections. "You know no North, no South, no East, no West;" but you come as a company of philanthropists, a band of brethren, that you may pour the acquisitions of another year into a common treasury, kneel side by side at a common altar, and drink the living water as it gushes from a common fountain. You have come to maintain the dignity, to elevate the ensign of a profession to which you have devoted your lives, and to which you have linked your fortunes.

You are the cultivators of a profession, eminently *progressive*, and admitting to the fullest extent the spirit and genius of enterprise. So much may not be so fully said of others. Who could expect at this, or any other day, to embellish the Commentaries of Blackstone, or improve the pleadings of Chitty, or repoise the scales of justice? Where are the men with commissions never so divine who would attempt to recast the logic which made Felix tremble, or adorn the doctrine of justification by faith? Who hopes now to shed additional light on the pathway to the skies, or sing in strains more immortal the triumphs of the cross? Not so with medicine—yours is a rising orb—magnificent in its proportions,—while others have reached the zenith, yours has but begun to mount the heavens—while others have begun to fade, yours knows no eclipse, nor decline. You revere the names of Hipocrates and Sydenham, of Brown and Cullen, with a host of others; you treasure up their maxims, and admire the genius with which they struck out new truths, but *you acknowledge no master*, *you fall down at the feet of no Gamaliel. You have come to the day of free thought*, *of free investigation*, *and free speech. You call in question the most hoary*, *as well as the most recent fact*, *and you are daily revealing in floods of light*, *principles hid from the foundation of the world.*

You are eminently the students of nature. While others may be led along dubious paths by mortal pedagogues, your teacher dwells in the realms of eternal light and guides with hand unseen and unerring to essences and first causes. * * * * * *

You are the veterans of a thousand battle-fields, not of mortal strife where man meets man in sanguinary conflict, but where a secret and impalpable foe—a tyrant who has reigned from Adam till now—disposes his secret forces and directs their deadly shafts. When others have turned back affrighted and aghast, you, single-handed and alone, have met "the pestilence which walketh in darkness" and the destruction "which marcheth at noonday;" despoiled them of "the armor wherein they trusted," and have driven them, ignominious, from the field!

Were the victories which you have won, the conquests which you have achieved, known, you would be crowned with laurel more unfading than those which entwined the brows of Greek or Roman conquerors.

But more and better than all, you are the lovers of your race, the friends of humanity. Scattered about all over this happy land, you emphatically "go about doing good." Your hearts beat in unison with human woe—your ears are open to the cry of human distress, whether it comes from the hovel or palace—you "wipe away the orphan's tear and cause the widow's heart to sing for joy"—upon your heads daily descends "the blessings of those who were ready to perish."

DEATH OF PROF. C. D. LEWIS.

In April last we conveyed to the readers of the College Journal, the sad, but not unexpected intelligence, that Prof. I. G. Jones had passed from us; and now, after but a brief period of time, are we again called upon to chronicle the departure of another from our small number.

On the First of June, Prof. Lewis, in company with two friends, started for Washington and Philadelphia, by way of the Ohio and Baltimore Rail-Road. His intention was to visit such places of interest and instruction in the Eastern cities, as were specially connected with the science of Chemistry, that he might, from a personal acquaintance with the votaries of that department of science, and personal inspection of the various chemical laboratories, be better prepared for his duties during the coming lecture season.

But his bright anticipations were not to be realized in this world. About sixty miles east of Wheeling, when the train of cars were entering a tunnel, he passed his head out the car window, and it was brought in contact with a piece of timber which produced such an extensive injury to the skull and brain, as to render him entirely insensible, in which condition he remained, apparently without consciousness or suffering, until Thursday evening, June the 4th, when his spirit departed.

Prof. Lewis was born in Highland County, Ohio, on the 30th. of May, 1829. His parents belonged to that class of people called *Friends*, and he retained the peculiar quiet, unobtrusive self-possession, as well as the industrious habits, and earnest desire for usefulness, characteristic of that people.

During his boyhood, he had but few opportunities for an education, depending on such advantages as were then afforded by the Common Schools of Ohio; his father, who was a teacher, imparting to him all the instruction he received. In 1843 or 1844 he entered a printing office, and continued to work at printing and on a farm and devoting a considerable share of his time to study and general reading for three or four years.

In 1848, after the death of his father, Prof. Lewis was at the Beach Grove Academy for a few months, which three or four months, were all the school advantages he enjoyed. After this he was in the office of a daily newspaper in Dayton, Ohio, acting in the tripple capacity of printer, publisher and editor. The arduous labors, and the confinement of this office proved very prejudicial to his health; and he left and entered as a workman, in the machine shop at Dayton. Here, his comprehensive judgment, and mechanical tact, enabled him to command full wages, without passing a period of apprenticeship.

During all this time his tastes and habits led him to study the collateral branches of Medical Science, and after several years of somewhat irregular reading, he attended his first course of Medical Lectures in the Spring of 1855, and at the end of the Winter Course of 1856, he received the Degree of Doctor in Medicine, and soon after, by the unanymous vote of the Faculty of the Eclectic College of Medicine, the Trustees appointed him to the Chair of Chemistry and Pharmacy.

With characteristic activity and energy, he at once entered upon his new duties, and the success of his labors, will be best indicated by the following:

TESTIMONIAL.

At a meeting of the class of the Eclectic College of Medicine, held May 19th, 1857, the following resolutions were unanimously passed.

Whereas, Prof. C. D. Lewis has just completed his first course of lectures on Chemistry, in which he has given us a critical, experimental, and practical view of the science, in a clear, concise, interesting, and able style, therefore

Resolved, That we cordially unite in expressing to him our feelings of gratitude and satisfaction.

Resolved, That by his honorable and amiable deportment he has gained our highest feelings of respect, as well as our best wishes for his future success.

Resolved, That a copy of the above resolutions be published in the College Journal of Medical Science.

J. J. ROWE, *Chairman.*

T. M. Butler, *Secretary.*

But apparently at the very commencement of his more public career his labors have been brought to a close, and his friends and associates have been in this way again impressed with the fact that the earth has a Ruler, who controls and governs all, in accordance with His own wise will.

The peculiar, reserved and modest demeanor of Prof. Lewis, which led him to shrink with feminine reserve from all mention of himself and his affairs, as a natural consequence, prevented even his somewhat intimate acquaintances from obtaining a knowledge of his most cherished wishes, designs, hopes, and aspirations. The peculiar relations however, existing between him and the writer of these notes, enabled the writer to know more perhaps, than any other person outside the family circle in regard to these matters.

With a most remarkably modest and reserved deportment, Dr. Lewis combined a strong self-reliance, and a determination to place himself, if possible, in the foremost ranks of his profession. While he seldom gave utterance to his innermost thoughts, he was firm and fixed in his opinions. Without any public profession of religion, his faith in the Redeemer was without a shadow of doubt, and was manifested in his daily walk and conversation. In all his life and acts, he was guided by the faith he possessed, and even in the most unguarded moments of social intercourse, he was never betrayed into a thoughtless remark, or the slightest evidence of irreverence. With him, life was a serious matter, and his duty to his God and to humanity, an ever present reality. But his life here has terminated, and while we record this slight tribute to his memory, we submit to the decrees of Providence, with the certainty, that we are under the control of One, who "ruleth all things well."

PROFESSIONAL DEMAGOGISM.

The demagogue is a character indigenous to every land, and in a country like our own, where preferment depends upon the popular voice, we might expect to see it attain its full development. So long however as the spirit of demagogism displays itself in the political arena alone, we as medical journalists have no concern with it, but when it invades the medical profession and aims to introduce schism, discord, and sectional jealousies among the votaries of humanitary science we feel ourselves called upon to meet it at the threshhold, and if possible, defeat its designs.

We have from the beginning borne our testimony against the chicanery with which many individual practitioners seek to work their way to notoriety and patronage. We have seen the candidate for practice driving furiously through the streets from day to day, with no other object than to attract attention. We have read in the newspapers notices of Surgical operations and wonderful professional skill of certain practitioners, when we knew that those notices were written by the extolled individuals themselves, and the publication paid for, at so much a line. We have seen in the same newspapers anonymous correspondence, the chief object of which seemed to be, to create a reputation for a very ordinary practitioner, and have observed that such correspondence always hailed from the city where the lionized individual resided, or from some place recently visited by himself or one of his employees,—and for all such clap-trap we have felt and expressed the utmost contempt.

The same spirit has, however, been for sometime manifesting itselt in more respectable guise, but with equally detestable motives, in the efforts of certain medical associations and journals to employ the tactics of the politician for the accomplishment of professional objects. These efforts generally have reference to the success of a medical College, and if rightly interpreted, indicate, that those who resort to such means, distrust their ability to attain success, if confined to the ordinary path of honorable professional competition. In what other light can we regard the efforts which have recently been made to infuse a spirit of sectional jealousy into the minds of medical men by journals and associations to which we have reference.

The medical profession, whatever may have been its faults, has never before exhibited so uncomely a feature, as that which these professional demagogues are attempting to impress upon it, by their desire to array one portion of that profession against another, not because of contrariety of medical doctrines, but because of the sectional jealousies which the excitement of party politics has engendered. The mission of our profession is to the "wide, wide, world," its resources of knowledge and remedies are in every clime, region, and kingdom of nature, and the development of the important truths upon which its true progress depends, requires the simultaneous and harmonious labors of the votaries of science, not only in every State of our own country, but in every nation on the globe; and we protest in the name of science and humanity against any effort to sectionalize the profession.

We treat of the subject in this general manner for what we deem a very good reason. The parties to whose course we object evidently desire to attract attention and get themselves and their position advertised by the discussion they have attempted to provoke. In this we hope they will be disappointed. We are determined to let our position on this subject be clearly understood, and we are equally determined to contribute nothing to the notoriety of professional demagogues, by entering the lists with them in any formal discussion, our only object in noticing the subject at all, being to prevent an enlightened public from placing us in the same category.

The Eclectic College of Medicine is entirely free from sectionalism, so also is its organ the College Journal. We recognize in medicine, "no north, no south, no east, no west," but cultivate in our fortunate central position, fraternal relations, and the reciprocal interchange of professional courtesy, sentiment, and information with the intelligent and honorable medical men of every State and country.

While we are happy to number among our supporters and to exhibit in our list of graduates, representatives of every point of the compass, and from the utmost limits of the Republic we are satisfied to let the jealous minded aspirants for patronage write, rant, and rave. We ask no student to leave the institutions of his own State or vicinity to attend our College, unless he believes we offer him advantages which he cannot enjoy nearer home, but we do assure all who choose to seek a medical education with us, that nothing will ever be done by our faculty, or permitted to be done with their knowledge, to engender sectional jealousies nor awaken heartburnings in regard to political questions. Our faculty differ from each other on many of these points as widely as they differ in personal appearance, and yet such questions are never mooted in their intercourse with each other, nor introduced by any one of them to the medical class—and no student need apprehend that any thing will ever be done to cast obloquy upon his political or religious views, or to make him realize that he is away from home.

BOOK NOTICES.

A Manual of the Detection of Poisons by Medico-Chemical Analysis. By Dr. Fr. Jul. Otto, Professor of Chemistry in the Caroline College, Brunswick. Translated from the German, with Notes and Additions, By William Elderhorst, M. D., Professor of Chemistry in the Renselaer Polytechnic Institute, Troy, N. Y. New York, H. Baillaire, 1857.

This little manual which the enterprising New York branch of the Parisian publishing house of Baillaire have presented to the profession of this country, will be received with pleasure, and remembered with gratitude.

Prof. Otto had already devoted one chapter in his Hand-Book of Chemistry, to the consideration of the Detection of Arsenic, and the great clearness with which his directions were presented, led many Apothecaries to request that he furnish similar directions for the detection of other poisons.

In this Manual, the first chapter of some seventy-five pages, is a reprint of the former article from the Hand-book of Chemistry, and to this he has appended other chapters on the detection of Antimony, Tin, Mercury, Copper, Lead, and Zinc; on the detection of Hydrocyanic Acid; on the detection of Oxalic Acid; on the detection of Phosphorus; on the detection of Alcohol and Chloroform; on the detection of the poisonous Alkaloids; with another on the examination of Blood Stains.

Prof. Wm. Elderhorst has performed the part of Translator and Editor in a highly satisfactory manner, adding such notes and reflections as occurred to him as of value. To the Translator we are indebted for the entire chapter on the Detection of Oxalic Acid, as well as important notes in regard to Hydrocyanic Acid, and the poisonous Alkaloids.

We have long felt that too little attention was paid by the profession to the exact and chemical methods of determining the presence of the more common poisons, and have no doubt the cause of justice and of humanity have suffered for the want of the information presented in this manual. When peripateting charlatans are selling the *secret* of abstracting metalic poisons from the system of their patients, as we have known in some instances, we have been led to ask positive proof of the alleged fact, and thus far with no satisfactory reply. We would gladly believe the pretensions founded in science and in truth, could we but be convinced; but when we have proposed to institute a few of the tests detailed in this little work, or in the valuable Chart published by Prof Hoyt sometime since, our proposition to be allowed to make the tests has never been acceded to.

We feel assured that but few who may be so fortunate as to posses either the Chart or the Manual will ever suffer from the false pretensions and the false representations of such as have fattened upon the means of other and less fortunate dupes.

Medicated Inhalation in the Treatment of Pulmonary Consumption, Bronchitis, Asthma, Catarrh, and Clergyman's Sore Throat; comprising all the recent discoveries and improvements in this mode of Practice. Together with the Remedies used. By H. P. Dillenback, M. D. Illustrated with numerous cases and engravings. Boston, 1857.—(From the Author.)

This work is apparently another of a certain class with which the press has teemed within the past few years, and which has caused the *Fogies* of the profession to groan in spirit and to bewail the professional degeneracy of modern times. Like the works of Dr. Alcott, Dr. Jackson, Dr. Dewes, Dr. Bedford, Dr. Draper and others, this was apparently written for the *people*, and not for the profession.

We have no fear of the enlightenment of the people on professional matters. However much the people may learn of medicine or of physicians, we have no fear that this increase of knowledge will lessen their appreciation of the true science, or of the well-informed and honorable members of the profession. Pretence, ignorance, and charlatanry, whether clothed in professional robes, or flaunting in the the gaudy and false coloring of unblushing quackery, must and will suffer from the spread of genuine intelligence and public enlightenment. But the better the public are informed in regard to themselves, their diseases, remedial measures, and the profession, the higher will be the estimate in which the true Physician will be held. Hence *we* never fear the publication of works on medical topics that are addressed peculiarly to the people.—Hence we consider, the recent works of Professors Jackson, and Draper—the Scalpel of Dr. Dixon, and other works of kindred character, deserving of special commendation.

As this work on Medicated Inhalation has but just been received, we have not yet given it that careful examination which would enable us to justly pronounce on its merits, we at present can but acknowledge its reception and reserve a more critical notice for a future time.

The Transactions of the Academy of Science of St. Louis. With Plates illustrating papers. Vol. 1. No. 1. 1857.

The Academy of Sciences at St. Louis was incorporated by an Act approved in January last, and thus early we have a volume of Transactions of near an hundred pages beautifully printed and illustrated with quite a number of beautiful lithographic plates.

The fact that nearly all the officers of the Academy are physicians, is certainly very creditable to the profession in St. Louis ; and the fact also that *all* the papers in the Transactions with but one exception are from the pens of physicians, also must tend to confirm this favorable impression.

Drs. John Evans, and B. F. Shumard contribute a very valuable paper on some new species of *Fossils* from the Cretacious formations of Nebraska Territory ; Dr. Hiram A. Prout gives a description of a new species of *Productus* from the carboniferous limestone of St. Louis ; Dr. James Schiel, has a paper on *Glycerine*, in which he says he has found glycerine very useful when half a teacupful is added to injections in cases of billious cholic ; and that the vapors of boiling diluted glycerine when inhaled, will be found to have a soothing effect in catarrhal affections ;—Dr. T. C. Hilgard's paper on *Phyllotaxis* is very valuable and interesting ; Dr. B. F. Shumard gives a description of new fossil *Crinoedea* ; Dr. Albert C. Koch presents an account of his discovery of the remains of a *Mastodon giganticus* evidently destroyed by the present race of Indians: Dr. A. Wislizenus, describes some stone Indian graves in Illinois, and some skulls he obtained therefrom ; and Dr. A. Litton gives adescription of Belcher and Brother's *Artesian well* which has penetrated to the depth of 2199 feet, together with a fine chart showing the character and thickness of the strata passed through. Altogether this initial volume gives promise, and in part fulfills the promise, of a valuable series of annual contributions to Science, every way creditable to the city and its inhabitants.

MISCELLANY.

THE PROFESSION—THE PRESS—THE PEOPLE.

Did our space allow, we would gladly extend remarks upon the peculiar attitude of the different members of the trio named at the head of this article, and the relations they bear to each other.

The Medical Profession—in the estimation of its own members and the more thoughtful and intelligent out-siders, occupies a position as high, if not higher, in the scale of humanity, than that occupied by any other profession or class of men, and yet many of the *people* speak of physicians as their enemies, who like ghouls fatten upon the lives of their patients; and the attitude assumed by some of the more selfish and insignificant among us, goes to strengthen this opinion, if not to actually prove it correct in individual instances.

Among the savages and barbarians, the practice of medicine, is made a *mystery*, and the secrets of the medicine-bag, and the mummery of the powwow and the fetish are guarded from public scrutiny, with the greatest care and watchfulness. So also by some of the less enlightened of those who practice the *divine art*, even among civilized nations is the practice enshrouded in mystery and with constant endeavor to keep the *people* from a knowledge of the doings of its votaries. True, with us, the physician does not shut himself up in a room from which the *vulgar* friends of the sick are excluded, but he often as effectually produces this exclusion by the attempted use of technical terms, and scraps of the dead languages—dead also as possessed of no vital meaning—or, the use of common terms, with uncommon ideas attached to them.

The *dog latin*, as it has happily been styled, of the so-called "regulars" the "stibium," "nux," "camphora," etc. etc., of the Homœopathists, the "abriebung," and other German phrases of the water doctors, the "No. 6." etc. of the Thomsonian, the various unknown mixtures of the followers of Beach, bear ample testimony of this attempt to keep the practice a sealed mystery, known only to the initiated.

But this attempt to prevent the people from a knowledge of matters medical, is sometimes carried to an amusing extent. In a recent number of a Medical Journal, published in this city, we find the following language:—"In our science and art, there are many, many facts that should never be given to the public. *We are opposed to teaching the public physiolgy, or anatomy, or, even more,* CHEMISTRY!"

We would be pleased to know if botany, or the knowledge of the laws of public hygiene are not also as objectionable as a knowledge of *chemistry.* Should none but doctors know how to make port wine and French brandy from corn whisky? Should none but physicians know how to convert soap grease into pomatums, and soaps into a "Balm of thousand Flowers?" or a little creosote, water, and cheap molasses, into a "Syrup of Liverwort and Tar?" Truly, without any knowledge of Chemistry, the public might be readily converted into a long-eared animal to be bestrode by these wise advocates of profound *public* ignorance.

Another journal of this city has seen fit to place itself on record, as opposed to the education of our mothers, wives, and sisters, in regard to medical matters. But as the writer of those delectable articles, as well as the journal in which they were published, has been severely, but justly dealt with by the sex whom they have traduced and outraged, we leave to them the final adjustment of the matter, merely placing here a paragraph or two, that the readers of the College Journal may know how the contest wages. Among the many rebukes which have been bestowed by females upon this writer and Journal, one has indignantly published the following:

"This is most contemptible, and should be spurned by every true, earnest-souled woman, as a libel upon her womanhood. It is this idea, held up to the young, that has done more to blight and curse the dignity and self-reliance of our girls and women, than any other one thing. We brand it as a circulating *lie*, which has been before the public mind long enough already. * * * * * * * *

That mothers alone, should be fitted as physicians, is beyond our ken. We do not see men waiting to become fathers ere they prepare for the active duties of a profession, even though it be that coveted one, *midwifery.* We should think if the Prof. had ever practiced in this department, that he has seen enough of the evil effects of ignorance in woman, to cause him to encourage every daughter in the land, to prepare herself with knowledge in this and other medical departments, that she might be saved and spare many others sufferings untold, arising from ignorance among women. Women, when they assume the mother duty, generally have enough to occupy their time, beside studying medicine. If our good Prof. had waited to become manly and experienced, we fear he would have died of old age first; for surely he shows a large share of puerility in all he has written.

This twaddle about female physicians is all moonshine, especially on the part of male physicians, most of whom have entered the ranks, while yet they were beardless boys, and might well have been told the unfitness of their position, when found in the practice of midwifery, or in the delicate examinations and confidence of the female sick chamber. Yes, Prof, B., it sounds well for such to prate about female practitioners in one or every branch of the profession."

On the side of honor, truth and justice, we find another Medical Journal of this city, whose editor, although opposed to the education of females in the same Colleges with males, yet has devoted several pages of his Editorial to a fair statement, of some of the facts of history touching this matter. From Prof. Blackman's *Western Lancet*, we extract the following:

Although it has ever been the boasted aim of civilization to ameliorate and elevate the condition of woman, she still complains that she has not yet been raised to her proper level in the scale of being. The lords of creation can not or will not appreciate the full extent of her mission. Inferior in stature and physical strength, she is regarded as incapable of aught but frivolous pursuits or the duties of housewifery. While the sterner sex is compelled to admit that the true theater of a woman is the sick chamber, yet even here it is insisted that her mental, moral and physical qualifications fit her only for the duties of a compassionate nurse. She indignantly repels this accusation, and to prove her capacity for more serious and abstract investigations, points to Mary Somerville, who discussed the laws of physical science with an ability not inferior to a Herschell, a Faraday, or a La Place; to Madame de Stael, who in speculative philosophy rivalled a Kant, a Reid, or a Dugald Stewart; while for true heroism she proudly turns to the name of Florence Nightingale, a name which can perish only with English history. Recently, men have been found who have fearlessly rallied in defense of woman's rights. Of these, Theodore Parker and Horace Mann may be regarded as the chief types; men who themselves are unfathomable to ordinary mortals. Last, but not least, the Hon. Thomas H. Benton, forsakes for a while, his "Thirty years in the United States' Senate," forgets "The Union," and offers his plea to the citizens of the American Athens, in behalf of the New England Female Medical College! The Legislature of Massachusetts, in defiance of a remonstrance from the Governor, grants annually $3,500 to the Female Medical Education Society; and a number of "liberal citizens" of the Keystone State, by their annual subscriptions, "have guaranteed" for a term of years, the pecuniary support of the Female Medical College of Pennsylvania. It is said that the demand for well educated female physicians is increasing rapidly, and that a high and honorable rank in the profession has everywhere been readily accorded to those who have proved themselves worthy of it. Indeed the Female Medical College of Pennsylvania, claims to have been second only to the University of Pennsylvania, in extending the collegiate course from four to five months. The *North British Review*, for February, 1857, berates the *London Lancet*, for its attempt to ridicule Female Physic, and hesitates not to proclaim that argument must be wanting, "or the sneer would not be resorted to by so distinguished an authority." It matters not, says the *Review*, in reply to the query of the *Lancet*, what the husbands of these female physicians are doing while the latter are professionally engaged, any more than it does when women "go out to teach drawing or music, or when they attend to shops, or make caps or bonnets, gowns or mantles." Nor will the *Review* listen to the accusation that women lack nerve, for it asserts that many men lack it also. Dr. Walter Channing, of Boston, in 1852, visited Russia, and in his "Physician's Vacation, or a Summer in Europe," page 263, speaks in very complimentary terms of the female pupils whom he saw at the Maternite Hospital, in St. Petersburgh. He states that they were from the inferior ranks in society, and were destined for remote country practice. In the article on medical education in France, written by Fournier-Pescay, and published in the 32d volume of the *Dictionaire des Sciences Medicales*, (1819,) the writer remarks, that, women being expected to be present, as a general rule, in cases of natural delivery, it is expedient to admit them to the lectures on obstetrics, and to attend the hospitals, but he would have the Faculties alone grant them authority to practice, their qualifications having been tested by a proper examination. Every one knows that Madame Bovin became a "*docteur en medecine*," and contributed not a little to the advancement of obstetrical knowledge, and that of the diseases of females. Madame Lachapelle, besides, is quoted as no mean authority in this same department, and according to Fournier (*Dictionaire*, vol. 14, p. 653), there should be added to the list of those who have excelled in medicine in France, the names of the Duchess D'Aiguillon, Madame D'Auvergne, Miramion, Fonquet, and Murdac. Italy, he states, may boast also of her Isabella Cartase; Germany, of Ann Wecker: Bohemia of Margarita and of Breta-Crou; Denmark, of Belta-De Frise, while England has enrolled on the same list the celebrated Countess of Kent. But the advocates of "woman's rights," in this matter, can base an argument on records far more ancient than those to which we have referred. In the second book of Moses, (*Exodus*, *Chap.* 1st.,) much is said of the Hebrew midwives, whose disobedience of the order of the Egyptian king, to slay the "men children" born, exemplified those noble attributes which mark their sex, even at the present day, and whose reward we may infer from the saying that, "therefore God dealt well with the midwives, and made them houses." Historians tell us that Cleopatra wrote on the diseases of females, and that some portions of her writings have been preserved."

Our readers will know that *we* have always advocated entire freedom to all, to obtain as much knowledge of the laws of life, and the prevention and cure of disease as possible—and our belief is—if the profession would be open, free candid, and honorable with the people, the people would soon be led to acknowledge the value of our services, and accord to us all the honor and credit we claim. But so long as they shall feel that some of the profession are striving to keep them in ignorance into matters of the most vital importance, so long will they look upon such physicians as their enemies, and only employ them as a matter of necessity, and without the slightest feeling of gratitude or love. The *true* physician is and must be, the *friend* of the people, and as such should be recognized and esteemed.

THE

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ORIGINAL CONTRIBUTIONS.

[Translated from the French of Dr. SAM'L L. BIGELOW.]

RESEARCHES ON VESICAL CALCULI, AND MICRO-CHEMICAL ANALYSIS.

CHAPTER IV.

[Continued from page 248.]

MICRO-CHEMICAL ANALYSIS OF THE CONSTITUENT PRINCIPLES.

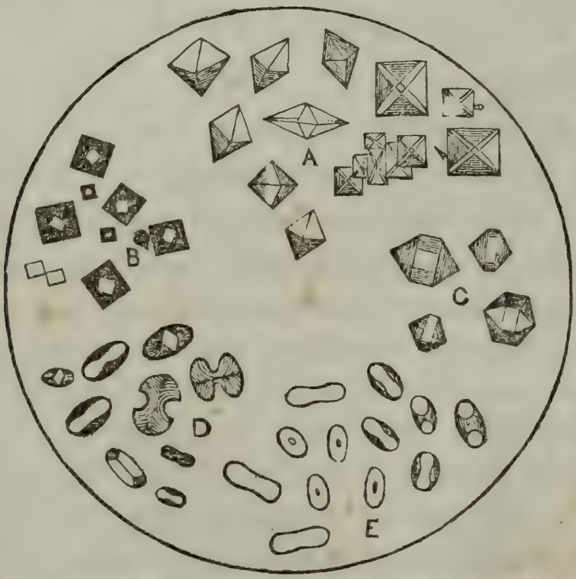
WE have seen that the several substances precipitated together from a solution, preserve, each, its distinctive forms and characters, and which is true of precipitates, occasioned by chemical reagents, as well as of those effected by cold alone, without the aid of any direct chemical action. In the first class, are ranged inorganic and compound substances, those which are treated by hydrochloric acid, as oxalate of lime phosphate of lime, ammonia-magnesian phosphate, etc. In the second class, are found the greater part of organic bodies, likewise with some compound; those which are soluble in boiling water, and which fall in crystals upon its cooling, as uric acid, urates, xanthic opide, etc. Cystine does not belong to this class.

We have also seen that there is a possibility of separating and isolating, by means of chemical reagents, each body of the first class, so that we may examine and study them singly, under the microscope, in their forms, their dynamic and static properties, and their manner of action when submitted to the influence of chemical reagents; and which will enable us to determine their true character with certainty, presenting to us an apparent homogeneous precipitate in its proper crystalline form. The study of their second class, that of organic substances, is very difficult. They are precipitated together, as with the others, but they materially differ from them, inasmuch as they can not be separated without becoming partly decomposed, and deranging the analysis. Here, then, the microscope aids to enlighten us; here, it acts its most important part. We select crystals of each kind from the precipitate, which we successively examine under the microscope, with the aid of chemistry. It is hardly necessary to state that all these substances, either naturally or artificially prepared, ought to be previously studied that we may act with correct ideas, relative to their nature and constituent formation.

We will now revert to the preceding chapter, following, step by step, the chemical changes there demonstrated, that we may examine and analize each substance therein named, under the microscope.

Portion A. This is the portion which was submitted to the action of heat; it is useless to examine the remaining earthy bases under the microscope.

OXAL OF LIME.



A. Octohedral crystals of oxalate of lime.
B. The same when dry.
C. Dodecahedral crystals of oxalate of lime.
D. Dumb-bells—oxalurate of lime.
E. Oval forms of oxalurate of lime.

Portion B. We had here dissolved together by hydrochloric acid, and then precipitated by ammonia, the following substances: oxalate of lime, carbonate of lime, phosphate of lime, and ammonia-magnesian phosphate. These substances we have isolated by the chemical process explained, and then precipitated and collected each one separately.

Oxalate of lime, precipitated by a great excess of ammonia, immediately forms a white, homogeneous precipitate, which is soon found at the bottom of the vessel. It is precipitated much more slowly, if ammonia is added only in a small quantity, to slightly neutralize the solution; it presents four different crystalline forms:

1*st.* *and* 2*nd.* Precipitated by a great excess of ammonia, it presents, under the microscope, a mass of very black crystalline points, with small prisms about .008 of a millimetre in breadth, cut *en biseau*, which frequently unite in the form of a horse shoe, and in X. This black powder is very characteristic, and exists with no other body.

3rd. Precipitated slowly, being careful not to add too much ammonia, the distinctive crystaline form of the oxalate of lime is obtained; these are regular octaedres, formed by eight equilateral triangles; they are frequently from .006 to .008 of a millimetre.

4th. This form, which has received the name of *dumb-bell crystals*, because of the two heads separated by a body, same as the gymnastic irons, has been described by DR. JOHN BACON, Jr., of Boston, in the Edinburgh Review, Sept. 1848; I have never met with them, though I have found urate of lime precipitated from urine, which had the exact form of these crystals. (Dr. GOLDING BIRD considers these dumb-bell crystals *oxalurate of lime.*)

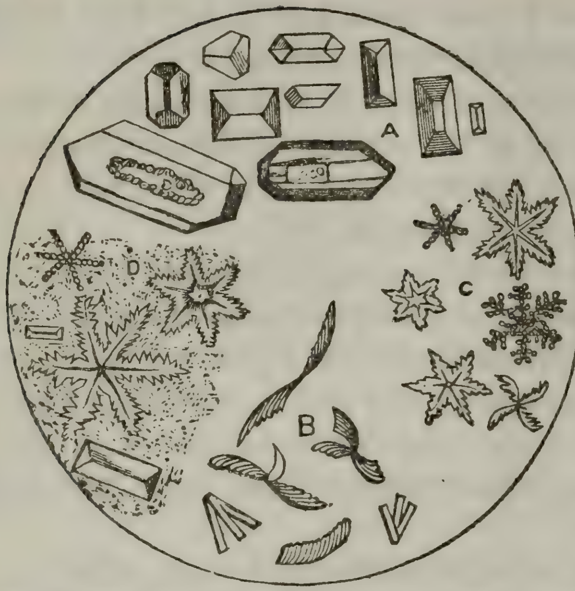
All the above forms resist the action of acetic acid; but, when concentrated hydrochloric acid is added, they are dissolved and disappear from the field of the microscope. With a little trouble, we may make all the crystalline forms reappear in the field successively, an experiment which will verify, in a positive manner, the identity of oxalate of lime. We take some of the precipitate on a platinum spatula, and calcine it in the flame of an alcohol lamp; carbonate of lime will remain on the spatula. Place this residue on a glass slide of the microscope, and add to it, when in focus under the microscope, acetic acid, and oxalate of ammonia. We will see the residue disappear in the solution, on the addition of the acid, disengaging bubbles of carbonic acid gas; and after adding the solution of oxalate of ammonia, we will observe the characteristic crystals of oxalate of lime, reappearing in the field of the microscope.

CARBONATE OF LIME.

Carbonate of lime has not a regular crystalline form. Besides, it is readily known by the development of carbonic acid gas, under the action of acids; its solution in water, gives an alkaline reaction, restoring red litmus paper to its original blue. When precipitated, it falls less rapidly than oxalate of lime, and presents a more flocculent cloud.

PHOSPHATE OF LIME.

This has no crystalline form; it consists of a powder essentially differing from that of the oxalate of lime, in its color, the absence of horse-shoe prisms, etc., which the oxalate presents when rapidly precipitated from a solution in which it is not combined with the phosphate. Its color is lighter, rather yellowish than black, and these indications are always constant and the same. To exclude any other substance, for by the doctrine of exclusion we determine the nature of the materials in question, we let a drop of oxalate of ammonia penetrate between the thin glass, covering the precipitate, and the glass slide holding it. We will then observe the collection of phosphate of lime to change into crystals of oxalate of lime, and, by the further addition of a salt of magnesia with the ammonia which has united with the phosphoric acid, left in the solution by the decomposition of the phosphate, crystals of double phosphate will form in the field of the microscope, readily recognized by their forms as indicated in the above cut. It clouds sometime before precipitating.



A. Prismatic crystals of triple phosphate.
B. Penniform crystals of triple phosphate.
C. Stellar and foliaceous crystals of triple phosphate.
D. Mixed phosphates; amorphous phosphate of lime. A few drops of solution of sesquicarbonate of ammonia (ʒ j of the salt of ℥ j of distilled water,) added to urine passed after the digestion of a meal, will precipitate the neutral triple phosphate.

AMMONIA-MAGNESIAN PHOSPHATE.

This double salt, like the phosphate of lime, is dissolved by acetic acid, from which it is precipitated by the addition of ammonia. Its precipitate is white and flocculent, clouding the mother water for a long time. It presents several different crystalline forms, according to the manner of precipitation, whether suddenly, by the immediate addition of a great excess of ammonia, whether slowly, by the gradual addition of only sufficient ammonia, or whether they fall of themselves in crystals, by the cooling of boiling water, in which they have been dissolved.

The first form is constant and always the same. The crystals are in arborescent leaves, as seen in the cut, and which are like no other form of crystals; they are thin, semi-transparent, and never present regular surfaces nor angles.

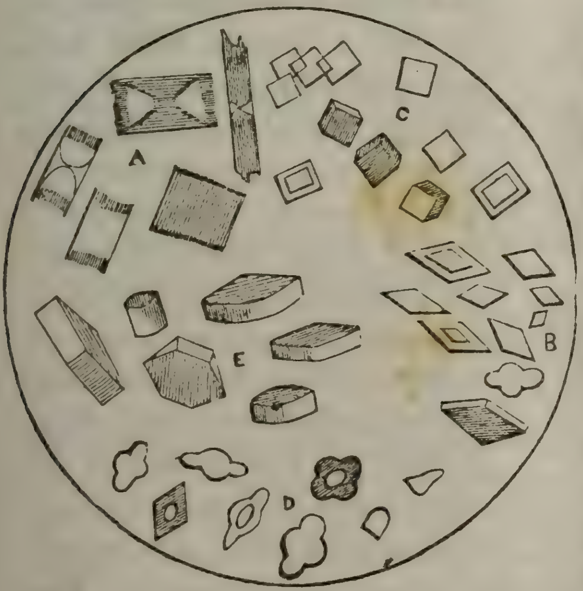
The second form is ordinarily to be recognized by simple sight. The crystals appear to be formed by the combination of the principal octædre with its first prism horizontal, and the prism vertical.

Those crystals which precipitate very slowly from the water, are larger, and present forms, surfaces, and angles, much more varied and complex.

They consist partly of the crystals of the second form, and partly of the combinations of several simple forms of the regular system, to-wit: the combination of two tetrahedals, or that of the regular octahedral and the hexahedral together, a combination which, in certain forms, has received the name of *cubo-octohedral.* The last two classes are more transparent, although much thicker than the first. It is always easy to verify their character under the microscope; the first, by its crystaline form, which is unlike any other substance, and the others, by dissolving them in acetic acid, and precipitating them from the solution by ammonia, when they invariably fall in crystals of the first form, having their characteristic foliage.

This method may be objected to, as not being sufficiently exact. I will, therefore, add another, combining chemistry with the microscope. Place two or three crystals on a watch glass; then add to them a small piece of caustic potassa, and cover the glass with red litmus paper, slightly moistened with distilled water. The crystals become decomposed, the ammonia is set free, and changes the red color of the litmus paper to blue, indicating thus the presence of ammonia; place a few more crystals on a platinum capsule, and calcine them in the flame of an alcohol lamp—the residue, consisting of carbonate of magnesia and phosphoric acid, we place upon a glass slide of the microscope, and then dissolve it by the addition of a drop of hydrochloric acid. Place this under the microscope, and when in focus, add a little ammonia to it; a recomposition is wrought, resulting in a new formation of the double phosphate, which assumes the crystalline form already indicated.

URIC ACID.



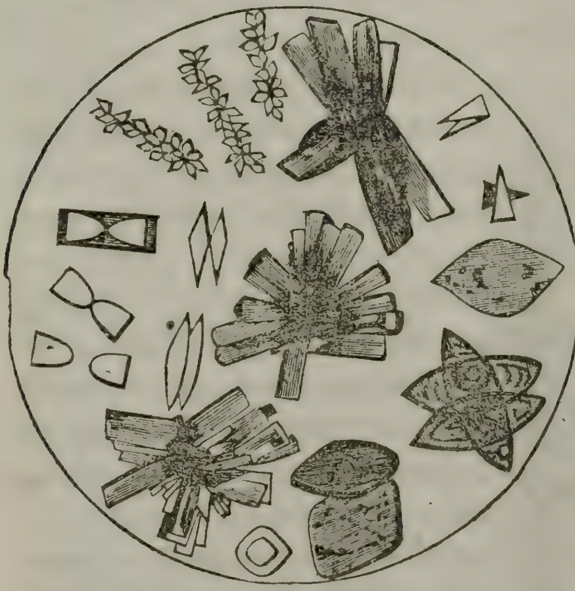
Uric acid presents a greater series of different crystalline forms than any other substance found in vesical calculi; these forms are more frequently derived from the rhombic prism, and are readily recognized, after a little experience. When much of this substance is dissolved in boiling water, it is deposited, on cooling, almost invariably in small white crystalline spangles, which sparkle in the light, when viewed through the glass

A. Crystals of uric acid with serrated edges, deposited from very acid urine.
B. Crystals do., rhomboid form, generally flat.
C. Crystals do., squares or cubes, in long continued deposits,—in calculous disease.
D. Crystals do., rare forms, accidental varieties of B. and C.
E. Crystals do., often found mixed with urate of ammonia, or oxalate of lime. *N. B.*—All the crystaline forms of uric acid appear to be modifications of the rhombic prism; they vary in color from the palest fawn, to the deepest amber, or orange-red.

holding the solution. These spangles are almost always of the same form, either lozenge or rhombic prisms, to which are frequently added regular facets. They vary from 0.15mm to 2.00mm or 3.00mm in length; are transparent, and polarize light very well.

When there is not a considerable excess of uric acid dissolved in the water, the crystals fall much more slowly, assume a larger size, and of more decided form. When, however, the crystals of uric acid, or urate, are not promptly deposited from their solution in the mother-water, we have only to place a drop of the liquid on a glass slide, and allow it to dry, when the crystalline figures will appear, because it is impossible for the water to contain one of these substances, however small may be the amount, without depositing it on evaporation. These crystals often preserve a very brilliant, deep yellow color, or a well marked light straw color; sometimes, but rarely a sparkling deep red. They consist of lozenges in very distinct facets, of rhombic prisms, which are likewise provided with facets, and often with prisms of six faces, composed of the primitive dodecahedral with the first prism of six facets.

To analyze these crystals, we take some of them, and burn them on a platinum spatula; if no residuum is left, we place some others on it, add a drop of nitric acid, and gradually evaporate it, taking care to add one or two drops of ammonia, before it is entirely evaporated. The beautiful scarlet color, which indicates the formation and the presence of murexide, will soon appear.

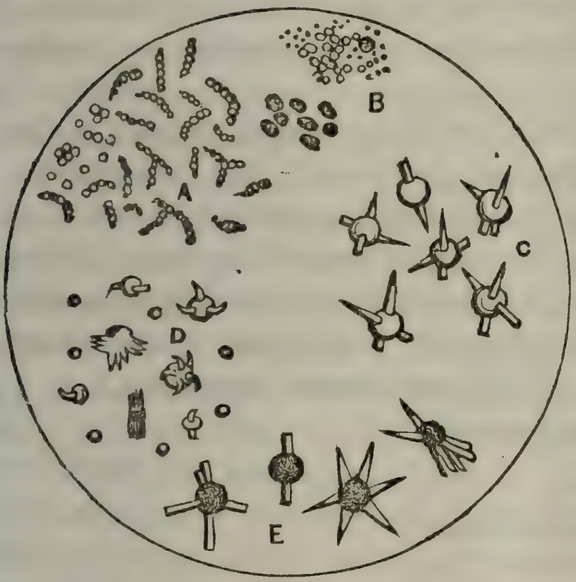


Varieties of the Uric Acid crystals.

To continue, we place some of the crystals on a glass slide, adjust this to the focus of the microscope, and add acetic, or hydrochloric acid; the crystals are not changed by these reagents; they remain under the eye. Had urate of ammonia been acted upon as above, it would have disappeared by the heat, though the red color would have been equally manifested by the action of nitric acid and ammonia.

To the crystals which are yet under the microscope, and which have resisted the action of the above acids, we now add a solution of soda, potassa, or ammonia. The crystals of uric acid are dissolved; they disappear in an instant, and we see forming in the field of the microscope, either a mass of fine needles, amorphous collections, or round masses, black at the edges and yellow in the center; forms, characteristic of the urates, according to their bases, whether soda, potassa, or ammonia.—To avoid the least possible error, we will add a drop of acetic acid, when the new forms will immediately disappear, and the original crystals of uric acid take their place in the field of the microscope.

URATE OF AMMONIA.



A. Ordinary appearance of urate of ammonia.

B. Urate of ammonia, less common than the preceding.

C. Rare forms of urate of ammonia; the spicula being, probably, uric acid; occasionally observed in albuminous urine, and occurring in dropsy after scarlatina.

D. Urate of soda, usual forms in urinary deposits.

E. Urate of soda, rare forms; differs from similar forms of urate of ammonia, in the extremities of the needles of the latter being obtuse, while in the former they are acute.

Urate of ammonia dissolves in boiling water more readily, and in greater proportion, than any other organic body entering into the formation of vesical calculi. The precipitate of this salt formed by the cooling of the water, presents a physical character which at once distinguishes it from any other urate, or from uric acid. This character consists in its flaky aspect, which is more marked than any other substance with which I am acquainted. The flakes cause a cloud for a long time, before they fall to the bottom of the vessel; generally, they present a pure white color; sometimes, however, they have a light straw color, but are never red or yellow. Examined by the microscope, this precipitate presents two forms, distinct from each other; we may meet with these together, or separately.—The first form is an amorphous mass, almost always of a light straw color, approaching slightly to yellow; it occurs by rapid precipitation, from water highly charged with this urate.

The second presents the form representative of the crystal of urate of ammonia. It consists of acicular needles, united together in large numbers to form crystalline globes. These needles are almost always met with isolated in the field of the microscope, in greater or less number; they are opaque.

To examine these different forms of urate of ammonia, micro-chemically, a small quantity should be placed in a platinum capsule, or in a watch glass, and a little caustic potassa be added to them. Cover the glass with a piece of red litmus paper, moistened with distilled water; the urate is decomposed by the potassa, and the presence of the ammonia is known by its restoring the blue color to the red litmus paper.

We next place some of the deposit on a platinum spatula; by applying heat, the whole is dissipated. We now heat another quantity with nitric acid and ammonia; the color indicative of the murexide soon appears. These two processes have verified the presence of uric acid, and ammonia, in the deposit, and the heat has proven that no earthy bases are combined with them.

We now place some of the crystals, or of the amorphous mass, under the microscope; upon adding a drop of acetic acid, they instantly disappear, and we will observe plates of uric acid depositing in the place of the other, of the identity of which we may be assured, by pursuing the means named for the detection of uric acid; if we now add ammonia, the crystals of uric acid will disappear, and the crystals or amorphous masses of the urate of ammonia will at once present themselves.

(TO BE CONTINUED.)

ANÆMIA.

ANÆMIA; OLLIGŒMIA; BLOOLESSNESS; PRIVATION OF BLOOD.

BY THEODORE C. MILLER, M. D.

Anæmia is the condition of bloodlessness, or want of blood. The former can be caused by hemorrhage, the latter by a constant, continued privation. Anæmia may be confined to one part, one organ—or it may extend over the whole organism. It is either a general want of blood, (original anæmia,) or a deficiency of the red corpuscles (*globus sanguinis*) without the serum of the blood preponderating or being changed in quality. Anæmia, in the course of time, becomes changed to dyscrasia.

The blood in anæmia is clear, watery, slimy; has very little solid matter, or amount of corpuscles, or of iron, but more than the usual amount of water, or presents the appearance called *Hydrœmia.* The hæmatin is soft and readily dissolves.

The organs suffering from anæmia are pale, dry, without moisture; are lessened in volume, at first become hard, but soon after assume the texture of health, and soon after become softened. When the anæmic condition is general, we find, after death, but a very small quantity of blood in the right half of the heart, and in the larger arteries and veins, and even in the capillary vessels. But some organs, particularly the spleen, are even in the most complete cases never, entirely bloodless. Nay, I have found the spleen even more than usually filled with blood.

In acute anæmia, or where a great amount of arterial blood has been quickly lost, every appearance of anæmia quickly supervenes, as debility and loss of animal functions, insensibility, immobility, vertigo, loss of sense, fainting, apoplexy, convulsions, weakness of the organs of respiration, with great coldness, and paleness as of death, pulselessness, and even absolute death.

When anæmia comes on more slowly, the symptoms and changes are somewhat different. The skin appears yellowish, pale, and glistening. The lining of the nose, the lips, gums, tongue, and inner surface of the cheeks, also, look pale and yellowish. There is a general loss of power, with tendency to faintness after even slight exercise; a feeling of melancholy; an inclination for isolation; to sigh without a cause; a loss of desire to live; a tendency to sleep, or idleness; pain in the head, but more particularly in its posterior portion; a looseness of the flesh, and œdema, with infiltration of the cellular tissue of the limbs; spongy, serous swellings around the eyes and of the cheeks, with wasting of the flesh; a deficiency of the animal heat; chills; palpitations of the heart, sometimes caused by slight exertion, but often spontaneous; a fluttering of the heart (*heart-clattern*) with a whizzing or shrill in the large arteries; pulse frequently small, soft, and easily compressed; at times the pulse is of that character as to lead to the supposition that the structure of the heart is changed.

The noise in the larger vessels of the neck, which is sometimes taught to be diagnostic of anæmia, will often prove deceptive. Experience has proved that those noises come from the branches of the veins, and will sometimes be heard even in plethiric individuals.

Anæmia is one of the most important sources of our neuroses. The more common symptoms of neuralgia accompanying anæmia, are great debility, and neuralgic gastrodynia. The so-called *Pica* is also present in most cases. Free perspiration breaks out on slight exertion; there is loss of appetite, with derangement of the digestive functions, with acidity of the stomach, and flatulence, pain on pressure, and sometimes severe vomiting. Sometimes there is constipation, and at others diarrhœa. The urine is scanty, pale, colorless.

The effects of local anæmia are, diminished energy of the vital motions, depression of activity of organs, and lastly a loss of functional power. The bloodless brain becomes unable to perform the will-action of controlling the motions of other organs. The profession should distinguish the *Hydroencephaloid*, which brought the celebrated Marshall Hall into notice, from the *Hydrocephalas acutus*, for which it is often mistaken, and with which it is often confounded. The *Hydroencephaloid* is simply a quickly occurring anæmic condition of the brain.

The bloodless organs of the senses, as the eye, the ear, and so on, become weak and debilitated. The bloodless stomach does not digest; the bloodless liver does not serecte bile; anæmia in these organs produces delirium, ringing in the ears, intolerance of light; seeing rays of light. Anæmia of the abdominal vicera produces cramps, from its influence upon the nerves of that region.

When death is produced, hemorrhage and convulsions always precede death. The anæmic lungs lead to difficulty of breathing; the bloodless heart labors under severe palpitation, and the bloodlessness of the stomach produces vomiting, or if less profound, dyspepsia and indigestion will result. The more the energy of the organ, or if the entire organ is debilitated by the loss of blood, the greater the irritability which will be manifested. In addition to this irritability, the want of nourishment or growth, consequent on the deficiency of blood, leads the organs to lose strength and power.

The causes of anæmia are—an increased consumption of blood from the rapid growth of the individual, depletion, dissipation, venesection, mercurialization, ptyalism, diarrhœa, blemorrhagia, colliquitive perspiration, excessive menstruation, lactation, frequent pregnancies, prostrating and maltreated diseases, the growth of abnormal organizations.

The hindrances to the normal production of blood, are—diseases of any of the organs, dyspepsia, diseases of the alimentary canal, the liver, spleen, lungs, heart, kidneys, ovaries; want of proper food, fasting, privation of exercise, impure air, air mixed with the vapors of metals as of lead and arsenic, the air of mines, deprivation of light, nervous derangement, local hindrance to the circulation, as by pressure; obliteration of vessels, atrophy, and deformed growth.

Antagonistic anæmia arises when an organ is the seat of an increased attraction of blood, and hence other organs must suffer from deprivation. Hence the paleness of some women during menstruation, with the bloodless lips, and the blue rings around the eyes. Cephalagia (migrania) is a form of anæmia from which females suffer much more than males. Young girls, at the period of puberty, and even young children, suffer from this form of anæmia. It is more rarely to be met with among females of advanced age, and then only as a consequence of a loss of blood, or organic disease of the uterus.

In acute anæmia, our treatment must be an immediate removal of the cause. In the chronic form, anæmia also requires an immediate removal of all pernicious or hurtful conditions of the hæmopoietic organs, as for instance, dyspepsia.

The direct remedy must be a restorative and tonic course of treatment. And first, iron in the various forms and preparations of that metal. The Iodide of Iron, from one-and-a-half to two drachms, dissolved in sixteen fluid ounces of pure red wine; the dose to be a tablespoonful thrice daily; or simply dissolved in water.

The muriated Tincture of Iron, mixed with the patient's own water, is of great service. The adjuvants are the Mineral Acids, and Quinia.

As the amount of the salts in the blood of anæmic patients is less than that of the normal fluid, it is very necessary to combine with the above small doses of the neutral salts.

The patient must always have fresh, pure air, and the diet should consist in part of fresh meat, sugar, and bitter aromatic vegetables Unripe fruits, salads, sour sauces or fruits, fat or salted meats, pies and tea are injurious.

Among the best remedies to rouse both the circulation, and the nervous system is *camphor*. It increases innervation, and the flow of blood, and hence is an antispasmodic, and excites the vital powers. In the sleeplessness which follows great loss of blood, I have found the foot-bath, previous to retiring to bed, a sovereign remedy.

Mauthner has recommended the extract of ox-blood, as a new remedy in the chronic anæmia of children. In those cases of children, who were affected with periodic congestions, with frequency of pulse, and where no organic affection could be found, but where the children between the periods of congestion are pale, with swollen cheeks, and growing weaker and weaker, he formerly gave the Flores Salis Ammoniaci Martialis· (the Martial Flowers; Ens Veneris.) He now gives the inspisated fresh blood of a slaughtered ox, in amount of from ten to sixty grains a day.

Lechler questions the therapeutical value of the dried blood, as he does not consider it soluble; but this appears only a theoretical objection based on no experience. I know it is not completely soluble in water, but it may be dissolved in the stomach. Many German physicians think highly of the blood sausages, as a diet in chlorosis.

POISONING BY STRAMMONIUM.

BY T. M. EVELETH, M. D.

I was called, in great haste, about eight o'clock in the evening of the 7th inst., to see a child eighteen months old, the son of a farmer living about four miles out of the village; the messenger stating it was supposed the child was poisoned from eating garget seeds. I arrived at the house at nine o'clock. The seeds from which the child had been seen to eat, I immediately recognized as those of the Datura Stramonium, a plant of which only one person in the house had ever heard, as it is rarely found in this part of the country. The child had swallowed the seeds about ten o'clock in the forenoon, some eleven hours previous to my visit. It ate its dinner, as usual, about noon, after which it slept. They noticed nothing unusual in the child's appearance, until about two, P. M., when it appeared to be somewhat dizzy, moving its head and moaning, as if in pain.

When I first saw it, the pupils were excessively dilated, contracting none on the approach of a lighted candle. It seemed to be insensible to light, though its hearing was little, if any, impaired. Pulse very quick and fluttering; skin dry and pungent; there was constant and violent muscular contractions throughout the whole system, and when placed upon the floor, it essayed to walk, but had no control over its limbs, for they moved in every direction, indiscriminately. To control the violent spasms and give me time to prepare an emetic, I immediately gave ten drops of chloroform in a teaspoonful of tincture of skunk cabbage, which was almost instantaneous in its desired effect. It had been so long since the poison was swallowed, that I supposed there could not be much of it still remaining in the stomach, still, I proposed to give a lobelia emetic, but to this, the parents and friends unanimously objected, as the poisonous weed had killed so many it would only make the child worse, signifying their preference for the far-famed Tartar Emetic. Their objections were insuperable, and having some Tartar Emetic with me, for the first time in my life, which I had placed in my vest pocket for some purpose during the day previous, I immediately gave about two grains, considering there was no time to be lost, and of the two evils I would choose this as being the lesser. I also had the child drink of warm water, and ordered the warm bath.

Waiting a sufficient length of time and perceiving no signs of emesis, I repeated the dose, which also failed to operate. I repeated the dose at suitable intervals, until I had given twelve grains of the antimony, which had no more effect than the first dose, and, being about as anxious to remove the poison I had administered, as that the child had previously swallowed, I gave, after a few moments, a teaspoonful of Tr. Lobelia, under the pretence of giving a "strong ext. of Ipecac," which I repeated in fifteen minutes, when emesis followed, and I was much gratified, not only to see twelve Stramonium seeds expelled, but also a good portion of the solution of Tartar Emetic which I had administered. The remaining seeds I supposed to have passed beyond the reach of emetics, and I gave as a speedy cathartic, and the best I had with me.

℞. Castor Oil, f℥ j
Croton Oil, gtt. iij

After the lapse of an hour, the above not operating, I repeated the dose, giving this time, *four* drops of the croton oil, when, after waiting a sufficient length of time and perceiving no cathartic effect, I again gave of the oil *five* drops. I then left with orders to give a tablespoonful of castor oil in an hour and a half, in case what I had given did not operate. I also ordered them to continue the chloroform, as I had done, at intervals, as the muscular spasms might indicate.

When I returned in the morning, the parents informed me they had given *two* tablespoonfuls of castor oil before the bowels moved, and had probably obtained more than a *hundred* seeds. I found the patient much better; pulse reduced to a hundred beats per minute and nearly natural; skin inclined to be moist; pupils somewhat dilated; very thirsty, requiring much cold water. As there was considerable nervous irritation, I ordered of fluid Ext. Valerian, fifteen drops every four hours, together with solution of Gum Arabic, to be drank freely during the day. The patient continued to improve, and the next day was about its play as usual.

One thing I thought a little remarkable in the case, that is, the highly excited condition of the system at large, and the benumbed or deadened condition of the stomach and bowels, for in no other way could I explain the reason of its taking such enormous doses to produce emesis or catharsis.

Any remarks from you in such cases of poisoning would be gratefully received.

Remarks. In volume one, of the College Journal, at page 89, Prof. Sherwood reported a case somewhat similar to the above, but his patient lost the power of swallowing, and was so much under the influence of the narcotic, as that the muscular spasm had been reduced to "constant muscular *tremor* throughout the system, and frequently *somewhat obscure* convulsions."

Our readers will recollect that, in that case, Prof. Sherwood, not being able to obtain, as quickly as he desired, a stomach pump, resorted to the expedient of using a large sized flexible catheter, and a common syringe, by means of which he pumped into the stomach twenty grains of Sulphate of Zinc, and ground mustard seed, which induced free vomiting. That the stomach pump having been obtained, the stomach was thoroughly washed out, and the child was restored to consciousness, and after swallowing a little coffee, and carbonate of ammonia, she fell into a slumber, and then speedily recovered.

In October, 1846, Dr. S. G. Elliott, then physician to the Bellevue Hospital, New York, was called into the Nursery to see a boy four or five years old, who had, about an hour and a half previously, eaten some Stramonium seeds. As the matron of the Nursery had observed the first effect of the poisoning, the case is of interest as presenting a better history of the toxicological effects of this plant, than can usually be obtained.

At first, the child's face was much flushed, but without any perspiration. Soon there was staggering in the gait, similar to that of intoxication. Just before the arrival of the Doctor, the boy vomited, and he found the skin very hot, red, and *moist.* The countenance was wild and staring, the pupils fully dilated and insensible to light, uncontractable even on the near approach of a lighted candle. The child was wild and restless, with a raging delirium ; unable to stand, the muscular movements resembling those of chorea. The pulse was too rapid to be counted ; the respiration hurried, gasping and choking. A constant effort to talk, with imperfect articulation ; and the expression of the face, and the muscular movements, indicated fear, and an attempt to flee from the frightful object. An emetic of allum and mustard and warm water led to ejection of the seeds from the stomach, and a free movement of the bowels, after which the boy slept, but with jactiltation and restlessness. Gradually the pulse was reduced, the skin became cool, and the pupils answered slightly to the stimulous of the light. The recovery was steady but slow. The pupils did not resume the natural size for three days.

The bowels were not bound, but rather loose; the skin moist; and there was continued restlessness, showing evidently that this drug should not be classed with opium or other sleep-producing agents, but that it is a true and genuine *Deliriant* acting more to produce *derangement* of the brain and spinal cord, or the nerves leading thence, than to produce a soporific influence on the brain.

The want of a thorough knowledge of the actions and powers of the various Narcotics, has led to very grave errors of practice, and any cases which will tend to increase our stock of positive knowledge in these regards must prove of great value to the profession, and to humanity. C.

EPIDEMIC DYSENTERY.

BY I. J. M. GOSS, M. D.

A few remarks upon Dysentery, (which is prevailing here as a direful epidemic,) will, I hope, prove of some advantage to young and inexperienced practitioners. The above disease has made its appearance here in a very fatal form, and has already carried many to the grave. I have been treating it for fourteen years, and without boasting, I can say, that, with but few exceptions, I have been so far successful. Much of the fatality of this dreadful scourge, I think, is attributable to the manner in which it is treated. Many have died in this locality under Old School treatment, which often consist in Murcurialism and Narcotism. Practitioners will always have the mortification to see their patients die so long as they pursue such a course of treatment.

The plan that I have adopted, which has proved very successful, is this:—I give aperients from the commencement, to clear out the whole alimentary canal, quieting the nervous excitement at the same time with injections of morphia; and exciting the capilary circulation, by warm bath, or vapor bath. The aperients that I have employed, have been various. I have tried saline cathartics; the compound neutralizing powder, and Leptandrin and Podophyllin. In some cases, I have found Cremor Tartar, with the compound powder of Opium and Camphor, given in small doses, to answer very well, allaying tenesmus and tormina, and producing exhalation from the congested mucous membrane of the inflamed bowels.

In most cases, the present season, I have found it necessary to give Quinia, on account of the fever that attends the disease. I give from 5 to 8 grs. of Sul. Quinia, after the fever abates, each day, until it is checked, which is generally two or three days. In many cases 2 grs. of Leptandrin and 1 gr. of Podophyllin, given every three or four hours, until free catharsis is produced, seems to be the very remedy to check the disease. It acts a little severe sometimes, but that seems to be for the better. After nausea, the consequent prostration, or depression, subsides, the patient will be much relieved. These remedies not only act as cathartics in clearing the alimentary tract, but they act on the secretions generally, removing obstructions, restoring the suspended hexpatic secretion, and rendering it normal, which is essential in the treatment of this disease.

I commence the treatment, frequently, by giving a suitable dose of Leptandrin and Podophyllin every three or four hours, until there is free catharsis, then direct the patient to sit in a tub, or other suitable bath, as warm as can well be borne, for 15 or 20 minutes, then administer from ¼ to ½ gr. of Sul. Morphia per anum in a small quantity of mucilage. If the bowels seem very tender, I direct a warm poultice to be kept over them, or cloths wrung out of very warm water, applied over the epigastrum. If there appears to be much febrile excitement I omit the warm poultice, or cloth, and apply cold cloths, until the heat subsides.

As regards diet, I am particular to restrict the patient to boiled milk, or rice water, until convalescence is very decidedly established. With this course of treatment, most cases will be brought to a favorable issue, but to lock up the bowels with opium, and depend on that to cure the disease, patients will still die, as they have done heretofore. Keep the whole alimentary canal clear, and lull nervous excitement if necessary, and success will follow in almost every instance. Very many patients who have been cured of the primary diseased condition of the bowels, have, through a neglect of proper attention to their diet, had a return of the difficulty in a form far more difficult of cure than in the original.

Patients, also, not seldom die from absolute *starvation*, after an attack of dysentery. The diseased alimentary canal hinders digestion and assimulation, which, together with the loss of blood, so reduces the vital force as to preuent the patient from recovering. This is too often neglected; if the practitioner will be mindful of the necessity of proper nutrition and control the diet, he will often advance convalesence faster than he can by medicine alone.

PUERPERAL FEVER.

BY MRS. E. C. MAYO, M. D.

This is undoubtedly the most serious of all maladies that follow labor. It appears from medical records that puerperal fever has been known from very remote times, and that it has frequently become epidemic in Hospitals, and also in cities. It has often been observed that almost every female delivered in the place, was attacked while it prevailed. There is no doubt but it is contagious, or capable of being transmitted from one person to another, especially the Typhoid and Erysipelatous varieties. The effluvia that is present with this disease is retained in the clothing of the physician and nurse attending, and may be the means of conveying the disease to others, especially those in whose blood are to be found pus corpuscles.

Yet the causes that produce this terrible disease are not very well understood. Some are predisposed to it before delivery, while with others it is connected with labor and its consequences. Among the former, may be mentioned, improper diet, an inactive life, anxiety of mind, bad air, or any thing that tends to impair the blood. The principal causes operating immediately are difficult labors, violent treatment, removing the placenta too soon. A frequent cause is cold or damp, which checks the lochia and perspiration. It is on this account that the complaint is nearly always worse in winter than in summer, and prevails most in low, damp situations. In warm countries the disease is but little known.

The nature of this complaint appears to be a severe inflammation, which I think commences in the transverse muscles of the abdomen.—The fibers become separated and do not contract as rapidly as the oblique muscles, consequently the small blood vessels become congested, the inflammation spreads rapidly to all the organs of the pelvis, the omentum seems thickened or swollen, and appears usually to be the seat of the disease.

The symptoms of a recent case I will give as correctly as I can.—Mrs. W——, is 25 years of age, rather below the medium size. With her first child, she had a very tedious labor. Ergot was administered. I visited her on the third day after delivery. The fever had commenced on the second. Her physician was treating her for what he supposed to be brain fever, and had given calomel, but had obtained no passage from the bowels. He was about taking blood from the arm but the patient would not consent to it, unless I should think the treatment proper, which of course I did not, and he left the case to me. The patient was suffering with febrile symptoms, as the rigors had been very severe, but had passed away. Her face was flushed, there was great heat of the surface with nausea, and hurried respiration, and severe pain across the forehead. The pulse was small, quick, and wiry, beating 120 times a minute. The tongue was very white at the edges and red like beef through the center, and very dry. The abdomen was swollen, tympanitic. The urine was scanty; the lochial discharge had nearly ceased. There had been no secretion of milk.

I first gave the patient half a fluid drachm of the Tincture Gelseminum to which I added five drops of the Tincture of Aconite root. I repeated the dose every hour to subdue inflammatory or febrile symptoms. Then I gave one drachm of the compound powder of Jalap. I also applied fermentations over the abdomen as hot as could be borne, made of Motherwort, Smart-weed and hops. I also applied a liniment to the spine, composed of Oil of Turpentine and rectified Oil of Amber, of equal parts. For an enema I gave Slippery Elm, to which was added one fluid ounce of Tincture Prickly Ash berries, with a little Laudanum. As a diuretic I gave a strong decoction of Marsh Mallows and Maple leaves; for an enema per vagina I gave Golden Seal and Canker Maple. I bathed the surface with an alkaline solution. By pursuing the above named treatment and remaining with the patient eight hours, acting both as nurse and physician, I had the satisfaction of seeing my patient relieved of all the most alarming symptoms, and her recovery has been rapid.

ON THE RELATION OF THE PHYSICAL SCIENCES TO THE STUDY OF LIFE.

BY J. EMERSON KENT, A. M., M. D.

Whoever has carefully studied the modern history of medicine, can not have failed to observe that two very opposite errors have, to a greater or less degree, prevailed amongst medical men in the prosecution of their investigations of the laws of life. While one class of inquirers have regarded the phenomena of life as resulting, in every instance, from the action of laws wholly dissimilar from those which govern non-vital matter; another class has, with an equal degree of exclusiveness, resorted to the several physical sciences for the solution of all vital phenomena: the former class refusing to acknowledge the influence of physical laws, for the explanation of phenomena directly within their province; the latter, attempting the explanation of vital phenomena, by the application thereto of physical laws, which, upon a more general and comprehensive review, they would have found utterly inadequate to produce the same.

Now, a moderate degree of unbiased consideration of the subject, can not fail to lead us to the conclusion that, although many of the phenomena manifested by living bodies are so totally dissimilar to any which are presented in the inorganic kingdom, as to justify the presumption that they are not amenable to the ordinary laws of the physical sciences; other processes, are, nevertheless, constantly progressing within living bodies, which, though conducive to vital ends, are in their nature simply and properly, physical. By way of illustration,—when an irritable fiber contracts in obedience to some applied stimulus, there is no physical law to which the phenomenon can be referred, and we are therefore obliged to call that a *vital* action; but when the image of an external object is displayed upon the retina, the process whereby it is accomplished, is as strictly referable to the laws of optics, as is the formation of a similar image upon the field of a *camera*: yet this purely physical part of the process is, in every respect, as necessarily involved in the perfection of the sense, as are those unexplained vital actions, by which an impression derived from the image is transmitted to the brain, there to enter into an endless variety of intellectual and moral combinations. Again, if we analyze the process of respiration, it will at once become apparent, that vital, chemical, and mechanical forces are each combined in that function, upon the proper performance of which life is so essentially dependent: the vital action of the muscles expands the chest,—a chemical change is effected by the oxygen of the atmosphere upon the blood, and expiration is aided by the mechanical elasticity of the thoracic parietes.

It must also be borne in mind, that where the purely physical powers are employed in any process subservient to vital ends, these very powers are, in their turn, dependent upon vital agencies for the repairs and maintenance of the apparatus through which they are manifested. To illustrate: the forms, transparency, and refracting power of the lenses of the eye, are deposited and perpetuated in their required shape, size, substance, and density, by the vital action of the vessels of the part, and a very slight deviation from the normal action of these vessels is sufficient to destroy the transparency of those lenses, and to induce that amount of opacity, which may, sooner or later, obliterate the sense of vision; a result seen in the formation and ultimate progress of cataract.

I think I have already presented sufficient proof of the intimate and all-essential connection and co-operation of vital and physical forces in the several processes and functions of the animal organism, and in the face of this indisputable fact, it must at once become apparent that the physiologist, or the physician, who regards solely either the vital or the phyiscal actions of the living body, takes an unjustifiable and very circumscribed view of life, and one from which no important improvement can be expected to originate.

Although, it may at first sight appear that the study of the physical phenomena of vital action may be of more immediate interest to the physiologist than to the physician, a closer examination of the subject will, in my opinion, lead to another and very different conclusion for it will be found, as the result of such examination, that some of the most important improvements in practical medicine, which have of late years been made, have arisen wholly from the direct application of chemical and physical principles. Auscultation and percussion are nothing more, in themselves considered, than the practical application of acoustics to the detection of disease. No where shall we find, in the whole range of practical medicine, a more interesting fact in pathology, than that which relates to granular disease of the kidney with albuminous urine; yet this relation is only the result of a simple and direct application of chemistry to diagnosis.

But it must not be, hence, supposed that a full and thorough acquaintance with the laws of the exact, or physical sciences, and the functions of the living organism, will at once enable the medical inquirer to apply the laws of physics to the solution of all vital phenomena; for, although the laws to which inert matter are subjected are immutable, the conditions under which they are brought into play in the living body are so peculiar, and oftentimes so dissimilar, as to demand much time, thought, and labor, ere they can always be correctly defined and applied. There will, probably, for many years to come, be found phenomena manifested by the living organism which, although indisputably attributable to the recognised laws of the natural sciences, we shall find ourselves inadequate, with our present knowledge, to solve in accordance with those laws. To illustrate.—The ear is without a shadow of doubt an acoustic instrument, and we are fully acquainted with its anatomical structure; yet the mechanism of its functions, in the development of the sense of hearing is to a great degree unknown, as is also the nature of the vital action by which the vibrations of the tympanum are transmitted to the brain as definite sounds. The sounds of the heart also, are generally attributable to the common laws of acoustics, while the cause of the first sound yet remains unexplained, and with our present knowledge, unexplainable.

The careful application of the laws of the physical sciences to the phenomena of life, can not fail to yield the most interesting and beneficial results to medicine, alike in its theory and practice, while at the same time the exact sciences will receive a reciprocal illustration, as their laws are extended and modified in the new fields of inquiry which are thus being continually made the subjects of exploration. In the pursuit of these investigations, many physical facts, which now stand out in an elevated form, would, in all probability, become connected in useful and most important trains of inductive reasoning, thereby illuminating many physiological subjects which are at this time involved in obscurity and doubt. Hydraulics and acoustics, would, I think, in a more especial degree receive illustration and elucidation from a philosophical application of their principles to the phenomena of living bodies. The critical study of vital hydraulics would lead to a more definite investigation of the motion of the fluids in elastic tubes, than has yet been made; and animal acoustics if studied in the same manner, could not fail to throw much light on the propagation of sound through different vital media. Vital chemistry, a knowledge of which is of the utmost practical importance to the physician, in the treatment of disease, would greatly elucidate that yet almost conjectural field of inquiry, the mode of action of remedies whithin and upon the system while vital electricity and vital magnetism would, I am assured, sooner or later throw much light upon biology, or the sciences of life. Vital mechanics, the least obscure, and most tangible department of sciences, has already received much attention; but even in this field of inquiry, much yet remains to be accomplished.

The physical phenomena of life have received much attention from M. Magendie, who has published to a considerable extent the result of his observations; but, unfortunately for their value, he began his inquiries at the wrong end of his subject, and has hence fallen into so many errors and hasty generalizations, as to render his comments thereon at once unsatisfactory and comparatively useless to the student must be obvious to every reflective mind, that the first step in the investigation should comprise a careful examination of the physical and chemical properties of the textures which enter into the composition of organic bodies; the relation of those textures to all agents capable of producing physical changes upon them—the variations manifested in the physical condition of the textures by age, sex, and other extraneous circumstances, and the diversities of the same textures in life and in death.

For the successful pursuit of these investigations, an accurate and practical acquaintance with the microscope is an all-essential requisite. The extent of the modification of the vital action by the minute physical structure of their several parts, and the degree in which the capillaries are directly concerned in the phenomena of life—or whether they merely convey the materials for actions which are supra-vascular, are questions of much weight in the inquiry we are advocating, as well as in their general physiological relations. It is to the microscope that we must look for a satisfactory solution of these, and many other equally important questions; and the great improvements which have been made in the construction and powers of this instrument within the last few years, encourage the hope that, in the hands of the dispassionate and well-educated student, it will yet throw a more splendid light upon the remaining mysteries of the science of life, and ultimately enable us to reduce the present incongruous series of systems called medical, into an exact and systematic science. For this purpose the educated practitioner of every school should labor most industriously and most hopefully—for only as medicine is reduced from its present comparative state of chaos, into an exact and harmonious science, will the conflicts of opposing systems come to an end.

Let medical men look within, and ask themselves how far their own advance in the exact sciences warrants their demanding that high professional consideration for which they contend? and the result of such an inquiry, if honestly pursued, and truthfully answered, will be found to reveal a lamentable degree of ignorance on the part of the great majority of the profession, in almost every department of the fixed sciences. Let then medical men of all schools begin to overlook the jarring interests of their several sects, to lay aside professional jealousies, and to withdraw from the petty prolemics and the warfare of class against class, and devote themselves to the investigation of the relation of the physical sciences to the study of life; then may we look forward to the day which shall unite all the members of our profession in *one body*, under the leadership of those master minds of all countries, and of all schools, who have placed themselves in the van of true medical progress by an attentive study of the book of Nature and of Life.

We must content ourselves with these general remarks upon the physical study of life, commending its pursuit to every practitioner whose acquaintance with the exact sciences renders him competent to the task, with the additional remark, that it is only by an exact knowledge of the physical and chemical laws, as manifested in the outward world, that we can comprehend the wonderful changes which occur in the human system in health and in disease; and on this knowledge must be based the true Science of Rational Medicine.

ENTERITIS.

BY J. A. HENNING, M. D.

PERHAPS a few thoughts on Enteritis, and a case reported, would be interesting to beginners in the practice of medicine. The writer of this article is but a beginner, and for such it is designed.

Enteritis does not often occur in its idiopathic form, to the country practictioner; but he will often have to encounter it in other forms of disease, as a symptomatic one—particularly with reference to low nervous fevers, rubœla, scarlatina, pneumonia, etc., and when it makes its appearance in these forms of disease, it is generally in the sub-acute or chronic form.

When it is acute, and involves the mucus membrane and peritoneal coat, the symptoms are intensely pungent, consisting of a burning, acute pain, in some particular part of the abdomen, usually in the umbilical region. The pain is increased by the slightest pressure; tympanitis, abdominal distention, a sense of tightness, heat, the countenance expressing mental anxiety, violent thirst, which is aggravated by cold drinks, obstinate constipation, vomiting, which is of a slimy and billious character, and sometimes of excrementitious matter. The urine is high colored, sometimes suppressed; the pulse is small, contracted and accelerated; tongue is generally red at the tip and margins, and with a creamy white coat on its center; there is considerable febrile excitement attended with great depression or loss of strength.—All these symptoms will manifest themselves, and are constantly increasing in severity, and the practitioner must use prompt and energetic treatment to combat it. "Enteritis," says Dr. Stokes, "is now known as a disease, perhaps the most proteine of any of the affections of the body; occurring with every variety of intensity, from a slight and circumscribed vascularity, to the most extensive disorganization, stimulating by its numerous sympathetic irritations many of the diseases of the nervous, respiratory, circulating, and genitourinary systems, accompanied by the most violent symptoms of irritation, as only pointed out by a profound adynæmia; or, lastly, advancing with perfect potency to incurable disorganization." However, the symptoms vary in accordance with the parts involved.

The following case I will report, taken from my note book.

Case 1—J. S. aged 28. Of the sanguine encephalo-bilious temperament. I was summoned to see him on the morning of May 23, 1857. By examination of the patient, I found he had an acute pain, of a burning and shooting character, in the umbilical region, increased on pressure; some febrile excitement; extremities cold; pulse small, contracted, accelerated, 100 per minute; tongue red at the tip and edges, with a white fur on its center; had been vomiting some, early in the morning, and felt sick at the stomach most of the time; likewise had been purging, occasioned by taking pills the previous evening; skin dry, husky; respiration somewhat hurried.

TREATMENT:

℞. Diaphoretic Powders, ʒ ss.
Sul. Morphia, gr. j.

Mix. Divide into ten doses, give one dose every two hours in an infusion of elm bark. Apply fomentations of hops and tansy steeped in hot vinegar, over the seat of pain, with sinapisms to the extremities.

7 o'clock, P. M. Feels worse, pain in the bowels very severe. The patient says it is of a tearing and shooting character, and increased on the slightest pressure; pulse 120, small and contracted; had been vomiting some through the day, which increased the pain, with considerable febrile excitement. I ordered Sul. Morphia sprinkled over some paste made of flour, and applied over the seat of the pain. Feet to be bathed in warm water, and sinapisms applied to the soles, to the spinal column, and the nape of the neck. Continue taking the powders in an infusion of Mentha piperita.

24th. Rested pretty well after the above treatment had taken effect. The morphia paste subdued the pain considerably; not so much fever this morning; pulse 100, small, and contracted; some difficulty in voiding the urine. The pain in the bowels not so acute, but rather of a dull, heavy ache; bowels costive. Treatment.—

℞. Hydrastin, grs. x.
Diaphoretic Powder, ʒss.
Sul. Morphia, gr. ss.

M. Divide into ten powders; give one every two hours in mucilage of Acacia.

For the suppression of urine.

℞. Althea Officinalis, ℥ ij.
Mentha Viridis, ℥ jjj.
Acacia Arabica, ʒj.
Agua Ferventis, f ℥ vj.

Mix. Let it stand one half hour, then take f. ʒss. every two hours between taking the powders. Then gave f. ʒj of Castor oil, to move the bowels.

25th. Does not feel so well, the Oil moved the bowels some four or five times, accompanied with considerable pain, with some vomiting; Tympanitis is manifesting itself with great deal of tenderness, pulse 90, soft, and some fuller; some little fever. Treatment for Tympanitis.

℞. Olive Oil, f ℥ij.
Oil Turpentine, f.ʒij.
Tincture of Camphor, f ℥ij.

Mix, to form a liniment. Bathe the bowels every hour, and after each application of the liniment, foment the bowels with hops and wormwood steeped in hot vinegar; continue the internal treatment.

26th. Is improving in every respect; the Tympanitis is subsiding, no pain in the umbilical region of consequence, pulse nearly normal, appetite moderately good, but is restricted to a nutritious, and cooling diet; can sit up most of the time; bowels constipated. Treatment.

℞. Hydrastin, grs. x,
Caulophyllin, grs. xij.
Leptandrin, grs. xv.

Mix, divide into ten powders; take one every four hours; continue using the liniment three times per day; take Castor Oil to keep the bowels open.

29th. Is nearly well although he feels very weak. Continued the last treatment.

June 1st. Well and attending to his business. Will some of the older practitioners give us their experience in such or similar cases?

NOTES AND OBSERVATIONS.

BY T. C. MILLER, M. D.

In my "Notes and Observations," as published in the *College Journal* for April, I discover an error.

The *Manganesium Muriaticum* I use in severe epistaxis. It is the Manganesium *Sulphuricum*, which I use in the diseases of the liver, and the spleen. Both preparations look white, and have a bitter taste. The Muriate of Manganese is soluble in alcohol, but the Sulphate is not soluble in that fluid.

Rademacher was a man of original research and judgment, and great powers of observation, and a man of the highest mental culture. In his professional life, for the first twenty-five years, he followed the Old School views and modes of practice, but for the remaining thirty years of his professional career, he practiced according to *his own* school. He had the greatest practice of any man in his country, and was consulted by many from other nations, and as he spoke several languages, his patients placed great confidence in his opinions. His writings are deeply interesting and instructive. He says that practice should not be based on theory, but theory on practice.

Since living in this country, I have never liked the self-styled "*regular*" profession. I have often been kindly invited to join some of the Medical Societies, but I have declined, as I have considered their pretentious claim of being the only true and scientific physicians as unfounded in truth, and their Code of Ethics as anti-republican, and injurious to the cause of science, improvement, and Rational Medicine.

It was never my nature or province, to wage war against high-toned, justice-loving, educated physicians, and a few such I have found amongst the Old School physicians. I oppose quackery inside as well as out of the profession. I also oppose ignorance.

That Code of Ethics which is so constructed as to prevent consultation with a medical man, because he obtained his degree outside of the United States, although at a flourishing and celebrated University, and also an honorary degree from another of not less fame, I consider unworthy my respect. I consider any true, scientific, and well educated gentleman worthy to be treated as a gentleman, whatever system he adopted, or whatever School he may follow.

I have seen the true *Eclectic* System confounded with Thomsonianism. As I have not had an opportunity of a personal acquaintance with any Eclectics, and only know the System by its literature, I perhaps may not be considered a suitable person to pass judgment in the matter. The system of Samuel Thomson is opposed to science, and his followers appear to have but a very limited education, and I consider this confounding these two classes of physicians as untrue, and very unjust to the Eclectics. As I have said, I consider any well-educated, scientific physician, as a member of the profession, regardless of the views he may entertain.

The Old School does not need to find fault with her followers, for many of them are very unscientific, with but a very limited education, and hence are blind followers of the dictation of the leaders.

Medicine can not be elevated by laws and regulations. Associations can not impart an education to the ignorant, or gentility to boors. The only means of elevation are those which lead to true scientific improvements and progress. The preservation of human health, and human life, is our highest law, our greatest duty. "*Salis populi, Suprema lex.*"

Dr. Barrow's article on Phthisis, and Hepatitis is a very excellent article, and accurate. But we have a Phthisis Hepatica (liver consumption) and also a Tuberculous Hepatitis. I think his pill too large a dose for some cases. Guaiacum is very good when jaundice is present.—Blood-root produces a primary effect on the liver. The liver is often primarily affected, and through the disease of the liver, the lungs are diseased. In such cases the blood-root is admirable, for it acts on both the liver and the lungs. When the lungs are primarily affected, my experience is, that the blood-root is of but little, if any value. Such was also Rademacher's opinion.

"*Case for Diagnosis and Treatment.*"—This case, mentioned in the March No. of the *College Journal*, I judge to be a case of chronic *beramid*, connected with Bright's disease, rather than one of Apoplexia, *Sanguinea Seu Cerebralis*, as, had it been Apoplexy, the patient must have been dead long ago. If the patient be not already dead, he may die shortly, or linger yet a long time. I express these opinions with some hesitancy, as it is difficult for me to make a clear diagnosis in the given case.

Tincture Cupri Acetici Rademacheri.—I have had a severe attack of nervous Pneumonia, affecting both lungs, and complicated with derangement of the liver. My brother advised the use of Rademacher's Acid Tincture of Copper, and I am now regaining my health.

Formerly I was of the opinion, held by most physicians, that Copper is a poison, but fifteen years since, Rademacher removed my prejudice, and since then I have prescribed two different preparations of the metal as used by my eminent preceptor, viz: the one above named, and the *Cuprum Oxidatum Nigrum*, and I have never observed any unpleasant effects follow their use.

I have never used Antimony, in the ordinary form; neither does Rademacher use the common preparations of Antimony, but the *Stibium Sulpharetum Auranticum*, the Golden Sulphuret of Antimony, as imported by us from Germany, and not that sold in America. Ours is of a fine orange color, and not the dark red color of that found here.

I have used the Golden Sulphuret, in various diseases of the lungs, in one grain doses, mixed with the Sugar of milk, and repeated four times a day. I consider it one of the best remedies for the lungs we have.

With us, we have two forms of Pneumonia. In one form the disease progresses very rapidly, and in the other very slowly. In the more rapid form, I have found great advantage in the use of the *Cubic Niter*, while in the more slow form of the disease, I prefer the Acid Tincture of Copper.

Correction.—PROF. DOLLEY's letter is an admirable one, and yet I observe in it a misprint or error. The name of the physician who did not bleed in *Eclampsia*, is C. R. BRAUN, and not BAUM, as printed in the letter. Dr. BRAUN is one of the most distinguised accoucheurs, teachers, and authors in Europe. Not only is Dr. BRAUN opposed to bleeding in Puerperal Convulsions, but so also, is the celebrated Professor KIEVISH, of Wurzburg.

Professor KIEVISH is the author of a work on Diseases of Women, in three volumes, which I esteem the best work extant, in any language, on that department of medical science.

In the so-called *Brain Fever*, as described Prof. DOLLEY, I recognize a Typhus disease. Our German writers describe:

FIRST. *Typhus Abdominalis* (Typhoid Fever).

SECOND. *Typhus Cerebralis.* This is Typhus, with a predominating affection of the brain. In this form of the Fever the Abdominal Symptoms are absent, or very slight, while the Cerebral Symptoms are markedly manifest, and in a two-fold form:—*a.* With a predominating *irritation* of the brain, (*Febris Nervosa Versitalis*), also called the atactic form. *b.* With a manifestation of *depression* of the brain, (*Febris Nervosa Stupida*), as the adinamic form.

THIRD. *Typhus Spinalis.* This is Typhus with a predominating affection of the spinal nerves. In this form there is always early indications of disease in the abdomen, but they soon pass away, and then severe convulsons will supervene, with epileptic and tetanic attacks, and even trismus. Sometimes there are all the symptoms of *Hydrophobia Canina*, followed with paralysis of the spinal cord, torper of the brain, and other symptoms, which have led some writers to give this form of Fever the name of *Typhus Apoplectica Tetanicus.*

Under the *second* and *third* divisions of Fever, I recognize the so-called *Brain Fever*, at present prevailing as an Epidemic in the Northeast. Our German writers also describe:

FOURTH. *Pneumo-Typhus*, or Typhus with a predominating affection of the respiratory organs. In this division are included those Typhus local forms that are confined mostly to the air-passages, and the lungs, and the pleura. This form of Fever is the same as that described by some American writers as *Typhoid Pneumonia*, but it is different from the Typhoid Pneumonia of the German writers, who apply that term to a *nervous* pneumonia.

PROBLEM FOR SOLUTION.

BY PROF. CLEAVELAND.

IN medicine, as well as in mathematics, problems may be stated in either of two ways. As medical practitioners, we are daily called upon to solve problems, for in each case we visit, *Symptoms* are given, *Diagnosis* and *Treatment* are required.

But it may do no harm in some instances, to reverse this more common method of solving medical problems, and I now propose to present a case, taken from a recent exchange, in which I shall present the *Treatment* adopted, hoping that the readers of the *College Journal* will exercise their ingenuity and illustrate their acumen in furnishing the solution of the following, by stating the nature of the case and the result.

Nov. 8th, 1856. The physician saw Mr. P. F., aged 20. Nervo-Bilious Temperament.

" *Treatment.*—Bleeding, xx. oz.; cups along the entire spine." How many cups were used, we do not know, but, probably, *ten* would reach along the entire spine, each of which would abstract, on an average, 1½ oz. of blood, making in all xxxv. oz.

The physician also gave " Sub. Mur. Hyd., grs. xv., to be followed in six hours with senna and salts; cold to the head, and Sinap. to the extremities."

9th. "Applied blister to the back of the neck, and gave the following, every three hours:—

℞ Sub. Mur. Hyd., gr. ij.
Nit. Potassa, gr. jv.
Pulv. Ipicac, gr. ij. M."

10th. " Continued the Sub. Mur. Hyd. etc."

11th. " Continued treatment."

13th. " Cupped the temples, and continued Sub. Mur. Hyd., etc."

14th. " Continued treatment."

15th. " Discontinued the Sub .Mur. Hyd. and gave tartar emetic, ½"

16th. " Cupped the temples, and continued tartar emetic, ¼ gr., every three hours."

17th. Patient " asked for food several times during the morning, and is quite rational; ordered *rice water*, and continued tartar emetic every six hours."

18th. "He had several spasms during the night. Between the spasms he was quite comatose, and was not able to swallow anything we attempted to give him."

20th. " Blister to the back of the neck renewed, and applied the same to the calves of the legs."

22d. "Has not been able to swallow any food or medicine for four days."

23d. "I again commenced to give the Sub. Mur. Hyd. in two grain doses, every three hours. This was continued for three days, when severe ptyalism ensued, and it was discontinued. The blisters were also made to secrete freely, by the long savine."

What was the nature of this disease, and what the termination?

Should the readers find this mode of studying medicine of sufficent interest, I may hereafter present other similar problems for solution.

COD LIVER OIL.

BY ABRM LIVEZEY, A. M., M. D.

I am well aware that the profession are divided in their estimation of the remedial powers of this oil in cases of phthisis, or of pulmonary affections simulating phthisis in every respect, and *only denied to be such when the patient regains his health;* and hence I desire to report, very briefly, the following case which may tend to strengthen those of "little faith" and confirm others in their previous conclusions as to its efficiency.

W. T. D., a brother-in-law aged 23, of slender form, flatness of chest etc., or in other words of a "consumptive build," and whose father died of phthisis,—subject to cough and hemorrhoids for some years, showed evidences of decline last Autumn—became easily influenced by change in the weather until he was attacked, after a little unusual exposure, with pneumonia. He had the attendance and counsel of several of the ablest physicians in Philadelphia, and recovered from the acute disease, only to find the tubercular diathesis fully manifested. The skill of three physicians was vainly exhausted to check the nocturnal perspirations, the rigors, hectic flushes, the swelling of the feet and ankles, the dreadful cough etc. etc. etc.—all of which persisted, despite the numberless prescriptions advised; and in despair, his medical attendants abandoned him to the tender mercies of the "Great Physician of Souls," informing his wife—very recently married—that warm weather, and a more genial climate were the only other remedial measures they had to advise.

It being about the first of March, Mr. D., thought "*warm* weather" was too far distant to wait for it, without being sustained by some artificial means, and now resorted to *cod liver oil* and the best *draught ale*, which he took very freely.

In ten days time it was very evident that convalescence was decidedly beginning to dawn upon him, the night sweats began to decline, the chills and fever to abate, appetite to improve, flesh to increase, cough and expectoration to diminish, and hope brightly glowed upon his wan countenance and sunken eye.

He is now (May 1st.,) as fleshy as usual, and to all appearance completely restored to his ordinary standard of health; and that too most assuredly from the free use of cod liver oil and ale, for every one too well knows that we have had, instead of "warm weather," the worst spring weather for years, for a convalescent patient.

ON PHYSICIANS AND MEDICINE.

BY ORIN DAVIS, M. D.

Recently I was at Rochester and visited Prof. L. C. Dolley, to whom I suggested the manner in which I prepared some of the compounds I very frequently had occasion to use. I represented that they were far preferable and more reliable than those prepared as they usually are; hence he urged me to forward the suggestions to the College Journal for the benefit of its numerous readers. These preparations are simply *Hydro-Alcoholic Fluid Extracts*, made by the country practitioner, and not made to sell.

Well, I can not help saying we had a very pleasant social interview, and besides riding with him to see a number of patients, we had an interesting detail of Clinics, prescriptions, collisions with "regulars, irregulars, and defectives" which was calculated to add to our stock of knowledge of the endless finesse and diplomacy in which it would appear to us, some physicians seem to think, consists the *art* of Medicine. A relation of a few scientific (?) absurdities in connection with empirical blunders, praising the experience of the better bred, as well as the more crude mistakes of those where pretentions were in "humbler walks of life," spiced our visit. Would it do to enlighten the profession with any of these private incidents?

Dr. Dolley referring to the fact that he frequently was employed by physicians as council, spoke of the manner with which suggestions were often received. Most of your readers remember similar experiences. Cases he referred to where his advice was sought, his views of the pathology of the case given, and finally the *changes in treatment* which he considered indicated, would provoke professional rejoinders from those asking advise, (to retain their patients and credit perhaps,) such as, "That is just what I was *intending* to do." Or, "I had *already* determined on that course and am happy that WE AGREE," Or, "I was not aware before, that any one else employed such measures *but myself*," etc. It reminded me of an old school practitioner who lives in this place and was treating an old lady some 66 years of age for passive Uteria hemorrhage. Gave tonics and styptics and vaginal enemas but did not succeed. Finally suspected malignant disease, was frightened, got old school council, all of no avail; still sweating over his fears, demanded more counsel. The friends called in the writer, and I first endeavored to rationally demonstrate that there was no malignant disease, and recommended the free employment of Wine Tinc. of Ergot. His rejoinder was, "*that* is just *my* view, and the course *I had already* decided upon, *in my own mind* to take." Humph. What small counsel—our advice all anticipated; it wonderfully cheapens advice!

Some physicians profit by such experience, and anticipate just such *post* counsel determinations. So did I. I did not advise him to stop administering tonics in such a case, for I suppose that also was his pre-determination, and hence, after such advice he would again have occasion to say, "I have already decided not to give them," so I left him to work out his already decided course. The result was he continued the Tonics with Ergot, and the homorrhage continued, until he was dismissed, and I had full charge of the case. She immediately recovered without Tonics.—Mr. Editor, you would smile to hear him dilate upon the *uncertain* and *variable* strength of Wine Tinc of Secale Cornutum!

But to return. I promised the Doctor I would write to you how I prepared those Fluid Extracts. First is our common, indispensable, *Neutralizing Cordial.* My way is to procure the best E. I. Rhubarb, lb. ss. Mentha Piperita; qs. I fill a two quart stone jar with the 8 ℥ of Rheii and *Peppermint leaves.* Then take Alcohol, 95, per cent., and add one part to two of water, and cover the ingredients, allowing it to stand four weeks, making a nice Hydro-Alcholic Tinc. Then strain and filter, and set the Tinc. one side. I then fill the jar of Peppermint and Rheii with water and set it in a kettle of boiling water, and continue to boil for one hour—then strain and filter, and evaporate and add the Tincture, until I have reduced the whole to little less than two quarts—add sugar and soda according to the old formulæ, and reserve enough of the Tinc. to keep it. Those who have never prepared it this way, try it. There is some *power* as well as *goodness* in the compound.

Take one pound of our American Valerian, and treat in a similar way and reduce the Fluid to one Pint, and I have altogether a superior article, far preferable to any I have seen in the shops. The *dose* would be from one half to a tea-spoonful. It is a great friend to hysterics, babies are fond of it,—stop crying to take it—will sleep well afterwards, and I should not be surprised if they had pleasant dreams about it besides.

Speaking of babies and children, reminds me of old times, and of the classes of the Eclectic College of 1845 and 6, who will also call to mind some of the *Vermifuges* of our Pharmacy at that time. Our Prof. of Pharmacy then could not deny but that they were disagreeable to take, yet insisted upon their redeeming quality of *efficacy*. As a *fragrant* memento of the past, I call to mind one or two of them.

WORM MIXTURE.

℞. Worm Seed Oil, f ʒj.,
Turpentine Oil, f ℥ij.,
Castor Oil, f ℥iij.,
Lime Water, f ℥x., M. Shake well.

Dose for a child one year old, 1 tea spoonful; for an adult 2 tea-spoonsful. Give three days in succession, and follow with cathartic, if required.

Another we used to distinguish by the nomina of:

MORROW'S VERMIFUGE.

℞. Castor Oil, f O j.
Oil Wormseed.
Tansy āā ʒj. M.

Dose, 1 tea-spoonful for a child, and give for three days; precede and follow with physic. Far be it from me to speak lightly of the *efficacy* of these *Vermifugerous* compounds; but the children, shade of digust! what rueful faces, horrid grimaces, scowls and wrinkles; and the little shavers puckered their mouths wofully. Not unfrequently, too, their stomachs would instantly resent the mixture and throw it off, and all the apology we doctors could make, after such mischievous rebellion, was, "It is very 'EFFICACIOUS,' when they are able to retain it upon their stomachs." Ugh, *the nasty stuff*. "*Efficacious.*" Children learn to associate ideas. They want no more *efficacious medicine*, or efficacious doctors. We can easily obviate these *efficacious* measures and obtain a pleasant and palatable remedy, free from all objection.

It is simply to make a Hydro-Alcoholic Fluid Extract of Spigelia Marilandica, thus:

Take of Spigelia Marilandica, lb. j. Alcohol, one part to two of water, and thus tincture for four weeks; then strain, filter and set one side, and again fill the jar containing the root, with water, cover, and put in a kettle of boiling water and boil for two hours. Then strain and evaporate it down to one pint, adding the tincture, reserving enough to keep it. Then add sugar and the remaining tincture, and you have a Concentrated Fluid Extract of Spigelia.

When I employ this as a vermifuge, I take equal parts of this Fluid Extract, and Fluid Extract of Senna, thus combining it with a cathartic. The dose of the mixture is a tea-spoonful once or twice a day, for two days usually, when all the symptoms of the presence of worms will disappear. You will excuse me for speaking of the preparation of these compounds so much in detail for the benefit of those, who, like myself, are not experts in Pharmacy, besides securing for their use, articles altogether superior to those we find in the shops.

TINCTURE OF GELSEMINUM IN GONORRHŒA.

BY PROF. CLEAVELAND.

The readers of the College Journal will remember an *Abstract* in the April number, of a paper on the *Tincture of Gelseminum*, read by Dr. J. N. Mayes, before the South Carolina Medical Association, in which Dr. Mayes concurred with opinions published by me in regard to the nature and value of the agent. More recently, Dr. John Douglass, of Chester district, South Carolina, has written a letter to Dr. F. P. Porcher, in which he states:

> "About thirty years ago, I was called on, in my office, by a young man who had been suffering several months, with improperly treated Gonorrhœa. One of my pupils begged me to give the case to him, observing that he could cure the most obstinate case in a few days with the root of Yellow Jessamine. A small handful of the root was put in a common junk bottle of whisky, and the patient ordered, in a day or two, to take a tablespoonful of this tincture night and morning. He took but a few doses before he became much alarmed, and called on me, stating that the medicine had destroyed his vision. The symptoms described, correspond precisely with those mentioned by Dr. M. Every symptom of Gonorrhœa had disappeared and cure was permanent. Since that time I have treated many cases of the same character in a similar manner, with uniform and speedy success."

I place the experience of Dr. Douglass as detailed above, on record in the College Journal, not because I think the experience of one man, although as in this instance continuous and uniform, sufficient to form the basis of an *established* practice, but that it may induce others to make a a trial of this Tincture in similar cases, and report the results obtained.

EDITORIAL DEPARTMENT.

WORCESTER MEDICAL INSTITUTION—THIRTEENTH COMMENCEMENT.

The commencement exercises of the Worcester Medical Institution took place at Chapman Hall, Boston, on Thursday afternoon and evening of June 11th.

The address to the graduating class was delivered by Prof. Bushee, of the chemical department, and was listened to with profound attention by a large audience of ladies and gentlemen.

On account of the illness of Prof. Burnham, *Dean* of the Faculty, the degrees were conferred by Prof. J. W. Johnson, and upon the following gentlemen and ladies:

Albert Baily,	of Mass.	Silas Wood Hazeltine,	Vt.
James Gerritt Brout,	“	John Durkee,	“
Chas. Augustus Wheeler,	“	A. M. Peterson,	N. Y.
J. Nelson Tonetellotte,	“	A. S. Wetherell,	R. I.
R. Hervey Quimby,	“	H. Clay Emerson,	Me.
Henry Layng,	“	Sam'l B. Agee,	Miss.
James Dunn Jackson,	“	George Merrick Howe,	Iowa.
Mrs. Edee Eaton,	“	Mrs. Lizzie Mc'Lean Harris,	Mass.
Mrs. Livonia G. Baker,	“	Miss Rachel H. Allyn.	“

Benjamin Jones Stowe, of N. Y., and J. Dustin Hodge, of N. H., had honorary degrees conferred upon them.

The evening exercises were participated in by members of the Institution and invited guests, and were made interesting by music, a supper, sentiments, responses, and good feeling on the part of all present, and after a prolonged entertainment each one retired with the impression that the closing exercises of the past lecture term were unusually agreeable and interesting.

The Trustees of the Worcester Med. Institution, have met twice during the lecture term, and transacted such business as came before the Board. And among other items of business, it was voted that hereafter, females be admitted to the privileges, and when qualified, to the honors of the Institution, and that the next course of Medical Lectures commence the first Wednesday of December, 1857, and be held, as during the past session, in Boston. The first regular toast was:

“*Eclecticism*,—Like a lighthouse, may it stand for ages to protect suffering humanity from empiricism; may its light never grow dim.”

The remainder of the regular toasts were in compliment to the Worcester Medical Institution, to the faculty, to the graduating class, Connecticut, the press, the orator of the day, the class of '57, the eclectic practitioners of Boston, the Medical World, the College Journal, the ladies, demonstrative anatomy, and the Professor of Anatomy.

Appropriate responses were made to these, and several volunteer sentiments were offered.

We learn that the Institution is in a flourishing condition and that a building suitable for its wants is to be erected.

MEDICAL COLLEGES.

Cincinnati has been noted, since the time Prof. Drake established the first Medical School here, for various and oft repeated changes in its Medical Colleges. And now we chronicle a movement which promises to be more amusing than usual.

It is stated by those who have ample opportunities to know that a union has been consummated between the Ohio and the Miami Medical Colleges, by which Profs. Armor, Marshall, Warder, and Tate, of the Ohio College, and Profs. Murphy, Mussey, and White, of the Miami College are relieved from the labor and responsibility attendant on a professorship.

That this is a judicious arrangement we are by no means inclined to dispute, but that it is entirely satisfactory to the above named gentlemen and their friends, we entertain some doubt, and that doubt leads us to hazard the opinion that this union will *not* lessen the number of Medical Colleges in this city as its advocates hope, but that a corps of Professors will still be found lecturing in the Halls of the Miami College, to the no small annoyance of those who have succeeded in making this seeming very nice arrangement. Other changes are also whispered, but as the rumor has not taken a reliable form, we await further developments.

Note. The above was in type for our *June* number, but owing to a press of more important matter was crowded out. During the past month no additional changes have been made public, except perhaps that room may yet be found in the Ohio Medical Colleges for the mal-contents of the Miami Faculty. In that case it is probable the latter school will not be revived this year. Still we have no doubt it will again be reorganized, for there are far more men desirous of trying their skill in teaching than there are at present colleges in which to teach.

EDITORIAL ABSTRACTS.

Menstruation, Retained.—Dr. Barrows recommends in cases of Retained Menstruation, the following preparation:

℞. Guaiacum, ℥ ij.,
Potassa. Carb., grs. xv.
Pimento, ʒ ss.
Alcohol, dilute, f℥ viij.

M. A tea-spoonfull to be given three times a day.

In *Suppressed* Menstruation, to restore the secution he orders:

℞. Tr. Aloes, Comp., f℥jss.,
Tr. Helebore Nig.,
Tr. Castor, āā fʒj.,
Tr. Cantharides, gtt. xxx.

A tea-spoonfull to be taken twice a day.

In *delay* of the appearance of the Menstrual Flux, he gives:

℞. Aloes, pulv.,
Rheum, " ʒj.,
Ol. Caryoph., gttjv.,
Sapo. Venet., grs. viij.,
Syrup. Rheum, q. s.

M. f. Pill. No. 40. One pill to be taken each night or every other night, as may be required.

In *painful* Menstruation, he directs:

℞. Camphor, pulv., ℈j.,
Acacia, " ʒj.,
Aq. Cinnam., f℥j.,
Syrup, fʒij.

Mix. One half to be taken on the approach of pain, and the other half in one or two hours, if needed.

Oxide of Silver.—Dr. Walter Jones reported a case of Menorrhagia occurring in a woman aged twenty-eight years. She was taken with severe hemorrhage about the beginning of January and although she was treated with a large variety of agents without any relief until the 18th of March, when the *Oxide of Silver* was given in the following form:

R. Argent. Oxid., grs. jss.,
Ext. Tarax.,
Tragacanth pulv., āā grs. v.

M. f. Pill. No. 6. One to be taken each day. After a few doses the patient was much improved, and by the middle of April she was nearly well. On the 19th of June, the following year, she had a fine boy.

Cotton Seed, as an Anteperiodic.—Several writers have presented the claims of the Seed of the Cotton plant, (Gossypium Herbaceum,) to be used as an Antiperiodic, or in Malarial disease, and although, Dr. F. P. Porcher, Dr. W. K. Davis, and others, of South Carolina, have freqently mentioned its value, still it is not as extensively used as its power and its cheapness demands. It *is* quite popular among the planters, and in domestic practice, but the profession have not given the Cotton Seed the attention which it appears to deserve.

The mode of using cotton seed tea is as follows: After having given a dose of cathartic, the day or night previous to the attack, followed by castor oil in time to produce a cathartic effect before administering the tea, put a pint of cotton seed with a quart of water, in a vessel, and boil it until half the water has evaporated. Put the patient in bed, and an hour or two before the usual recurrence of the ague, and give him a gill of the warm tea to drink.

The dose may be repeated as often as the system can receive and dispose of the fluid, and continued as long as any of the paludal poison remains in the system.

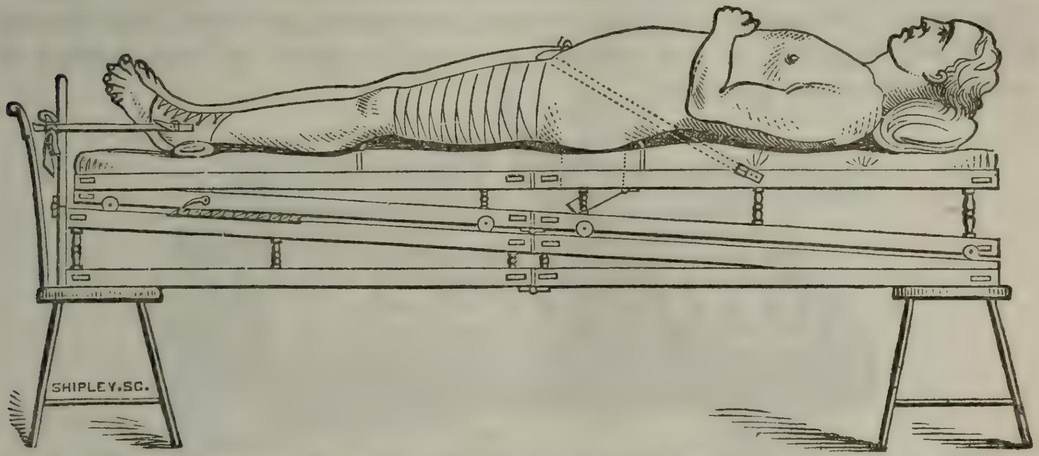
BOOK NOTICES.

Burge's Apparatus for Fractured Thigh; a paper read before the Brooklyn Medical Society, and published by vote of that body in the New York Journal of Medicine.

We have already in the *College Journal* for May, referred to the Apparatus described in this pamphlet, but as fractures of the thigh are so difficult to manage in many instances, and so frequently result in deformities when treated by ordinary methods, we have thought best to publish a more extended notice of this apparatus and to introduce the following illustrative cuts, to give to our readers as clear an idea of this invention as possible.

In January last we published a description of the *Fracture Bed*, of

Dr. C. T. Lawrence, of this city, in connection with some remarks upon the necessity of additional appliances to those already in use in the profession, for the purpose of keeping up continuous extension of the fractured limb.



It will be perceived from the cut of this *Fracture Bed*, that this extension and counter-extension is designed to be maintaned mainly by the weight of the patient, and without much pressure on the perineum.

The Drs. Burge objects to the usual straight apparatus:

"1st. The counter-extending pressure falls heavily upon the groin (a most sensitive part), causing much pain to the patient, and, also anxiety to the surgeon—on account of the liability of excoriation and sloughing, and the consequent necessity of moving the perineal strap to the other groin, and perhaps, of removing it altogether, in which case the prospect of a shortened limb is by no means an agreeable one to any of the parties concerned.

"2. The strap around the waist, which, though it be not tight enough to impede respiration, is a great restraint, and to one of nervous temperament, almost insupportable. The patient must swallow both food and drink while in an absolutely supine position, and can perform no voluntary motion of the trunk whatever. Indeed, in fracture of both thighs, this confinemnt is as absolute as if he were in his coffin.

"3. That the hips of the patient sink in the bed, and are very liable to move away from the splint, and thus throw the limb out of the proper line."

In regard to the treatment, they say:

"Our observations and experiments have led us to the following conclusions:

"1. That the straight position is preferable in a large majority of cases.

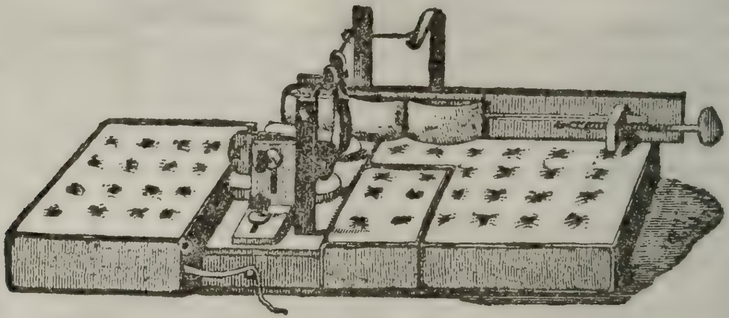
"2. That it is entirely unnecessary to confine any part of the body except the fractured limb, and that to which it is immediately articulated, viz., the pelvis.

"3. That the pelvis should be so secured as not to be liable to lateral motion, or to sink in bed.

"4. That the groin is not a suitable part for the counter-extending pressure to fall upon.

"5. That the tuberosities of the ischirim are proper points for such pressure.

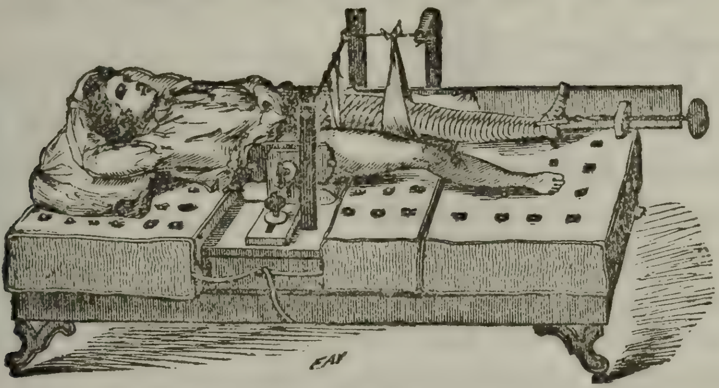
"The correctness of these principles seems to us too obvious to require argument. We shall, therefore, spend no words upon them, unless they are called in question, but proceed at once to speak of our method of reducing them to practice.



"First, then, in general terms, we retain the straight splint of Desault at its original length—that is, from the crest of the ilium to several inches beyond the foot—and make the extension in the usual way, by means of, as to be separated or approximated at will, and, by a thumb-screw which passes through a fissure in the horizontal portion of each, they may be fixed at the desired point, so as exactly to embrace the pelvis of any patient. There is, also, a fissure in the perpendicular portion of each rectangular screw passing through the same: one of these is to secure the upper end of the long splint, and the other for the attachment of a splint, eight or ten inches in length, both of which splints are well padded upon one surface, and may be elevated or depressed at will, in order to bring them to the level of the limb, and fixed at the proper attitude by the screws already mentioned. These splints are mutually transferable, in order to adapt the apparatus to a fracture of either height.

"For the sake of distributing the pressure, and making the patient more comfortable, we propose two counter-extending pads instead of one. These we attach by leather straps to the upper surface of the cushioned platform upon which the patient rests, and about thirteen inches apart. These straps pass under the cushion, and, becoming well-rounded pads, traverse the tuberosities of the ischia, pass between the thighs, and thence, perpendicularly, to a horizontal iron rod at an altitude of eight or ten inches above the patient, traversely to his body, and directly opposite the perineum. This rod is supported by a perpendicular bar at either end, extending upward from the cushioned platform already mentioned.

"Attached by one extremity to the horizontal cross-bar, is a rod running parallel to, and situated directly above, the thigh. The other end of this rod is supported by an arched iron bar, extending upward from the outer side of the long splint. This is designed to afford direct support to the injured limb, whenever such support is deemed advisable, and will, we believe, be of essential service in preserving the arched form of the femur. A silk handkerchief, or one or two belts, of suitable width, are to be passed around the limb (either internally or externally to the splints of coaptation), and fastened to the horizontal rod. When this apparatus is used, splints of coaptation are to be applied according to the exigencies of the case, and the views of the surgeon in attendance.



"In its construction, we have aimed at simplicity. No surgeon of ordinary ability can fail in its application, even without directions. I mention this as a feature of great practical importance. Complicated surgical appliances can never be used except by the few."

From the above delineations and the descriptions given by the inventors, our readers can judge of the comparative value of the inventions of Dr. Lawrence and the Dr's. Burge. We have already expressed as our opinion that it would be well to combine the two, so far at least as to apply the double perineal strap to the bed of Dr. Lawrence. It gives us great pleasure to observe these attempts to improve surgical implements and appliances.

* * *

Life of Elisha Kent Kane, M. D. By William Elder, M. D.

Childs & Peterson, of Philadelphia, have employed our old friend, Dr. Elder, of Philadelphia, to write a Biography of Dr. Kane. As Dr. Elder was a personal and intimate friend of the illustrious explorer, the family and friends as well as the united voice of all who are acquainted with his wonderful talent as a writer, united in selecting him as the fittest man to present to the world a proper tribute and biographical history of his friend. Having placed in his hands all the manuscripts, journals and other documents of the illustrious dead, we anticipate one of the most complete and satisfactory works ever published in America. When this work appears, we will let our readers know.

Transactions of the Eleventh Annual Meeting of the Ohio State Medical Society, **held at Columbus, June 3, 1857.**

Among all the various works on medical subjects, we have considered none more important or interesting, than the Annual Reports of the Transactions of the Medical Societies. In addition to the useful information of a practical character contained in them, they serve as milestones, to inform us, year by year, of the progress of the Association whose *proceedings* they record.

The Ohio State Medical Society, last year, held a Session in June, of *three* days, and then adjourned to meet again on the 20th of January, 1857, when, after a Session of *two* days, the Society adjourned sine die, and this pamphlet contains an account of the Transaction of those five days, and also some ten "Reports" from various committees.

On reading the minutes of the Sessions, but little is presented which is understandable to those who were not present, but occasionally a faint lightning-flash illuminates the murky horizon. We extract:

" Committee on Medical Ethics, was, by request, continued.

Dr. M. B. Wright offered a series of resolutions, reflecting upon the conduct of certain *professional* characters, and proceeded at some length in their discussion." * * * * " In the course of his remarks, he charged Dr. T. Wood, of Cincinnati, with having been engaged in the making, vending, and puffing of a secret nostrum."

Dr. W. H. Mussey reprobated the course of Dr. Wright, as also did Dr. Murphy, and others. " Dr. Tipton moved and *indefinite postponement* of the whole subject, which was carried by a decided vote," and the Society thus disposed at that time and in that manner, of a grave charge, made by one of its members against another. Why the *Society* should refuse to investigate the matter, we cannot tell, but certain documents, of a peculiar *advertising* character, now in our possession, to *us* sufficiently accounts for the course pursued by Drs. Mussey and Murphy.

Dr. Hackenberg offered some resolutions, which, since the State Society performed its wonderful gymnastic feat under the direction of the American Association in reference to the Stethoscope of Dr .Marsh, a feat familiarily styled " craw-fishing," it was, perhaps, a mark of wisdom, on the part of the Society, to indefinitely postpone. As no initials are given, the query naturally arises, if this Dr. G. P. Hackenberg, is the same G. P. Hackenberg so favorably noticed in the *Observer* for June, page 284. *We* happen to know somewhat of *one* Dr. Hackenberg, and perhaps the same one, for *our* Dr. Hackenberg is, or was, a *regular* member of the Ohio State Medical Society.

Dr. Dawson offered a resolution, asking a law to be passed to prevent the sale of patent and *secret nostrums.* If such a law should be passed, we wish to know, if the *private* and *secret nostrums* manufactured by some Apothecaries of this city for the special use of several members of this Society would come under the law, and if so, who should pay the penalty of a violation of the law, the *proprietor* of the secret nostrum, or the manufacturer of it?

Probably owing to the fact that too many of the more prominent members of the Society, (we have strong *evidence* of the fact in regard to the profession in this city) were, or claimed to be, *proprietors* of certain medicines which they keep a secret from the profession and the people, this resolution, when called up in the Winter Session of the Society by Dr. M. Green, was indefinitely postponed, and thus this important matter was disposed of. Whether the Transactions indicate progress or otherwise, our readers can judge.

Of the papers read, we hope soon to find space in the *Journal* to make brief abstracts. They evince a commendable share of attainment and industry.

History of Medicine.

We received by mail, a sheet of sixteen pages, having as a head line the above words, and as it appeared to be a part of a Book, we looked it over carefully to find out what it was and where it came from. The pages are numbered from 145 to 160, indicating, as well as the form of the sheet, that it is a part of a *book*, and hence designed to find a proper place among our *Book Notices.*

On page 145 is the account of the origin of a Medical College, and on pages 147-8 is a *College Announcement*, and on making the discovery of this part of *A History of Medicine*, our *young man* made some indistinct remarks about "the mode in which the milk got into the cocoa-nut," which we did not clearly understand, and in all innocence of heart we read aloud:

"Terms: Fees for tickets to Lectures ....$100."

Next follows a "Biographical Sketch of the different members of the Faculty," which, if written by disinterested persons, must be peculiarly gratifying to the friends of that modest but august body. Of one of the *faculty* we are presented with the gratifying intelligence that "his annual income, has, for a number of years past, been from fifteen to twenty thousand dollars;" a most interesting item in the History of Medicine.

But while the writer of this History, knowing, doubtless, much of the various members of this Faculty, consequently takes a laudable pleasure in writing well of them, particularly of him who has been "Assistant Editor of several Periodicals," he does not confine his notice to one College alone, for on page 151, is given the names of another Faculty composed of "*men of talent and experience*," rare qualities, seldom claimed for *Faculties*, even by the writers of those agreeable and amusing Annuals styled *College Circulars*. But we are not favored with a *Biography* of these talented and experienced men: we are only told that.

"Tickets to the entire course of Lectures....................$80."

And again on page 152 is the notice of still another Medical College whose faculty is composed of "men of high intellectual attainments." In this latter College, with its distinguished Faculty, the "Fees for tickets to all the Lectures,·.....................$70,00."

On reading thus far, this amusing "History of Medicine" so overcome us that we were strongly inclined to lean our head back upon the chair, and devote a space to quiet reflection upon the important Historical facts here presented, but a slight nod or two attracted the attention of the *young man* who kindly informed us that this important sheet has a "Part II," which treats on the "Sources of Vitality." Being too much interested in this erudite *History* we did not care to investigate those sources of vitality, leaving that for next year, when we anticipate receiving another edition of this "*History of Medicine*."

The Medical Profession in American Times. An Anniversary discourse delivered before the New York Academy of Medicine, November, 7, 1855. By John Watson, M. D., Surgeon to the New York Hospital. Published by order of the Academy.

In this discourse, Prof. Parker endeavored to trace the origin and progress of Medicine among the ancients in a succinct manner and at the same time include in brief, all importance that is known on the subject. And in order to carry out the design the work has not been kept within the limits of an hour's discourse but has been extended to over 220 pages.

With the labors of Renoard, Simpson, Watson, and others, engaged in searching the ancient records, and publishing the results of their labors, we have already a pretty clear and valuable History of Medicine in Ancient Times.

Physio-Medical Surgery, by Wm. H. Cook, M. D.

We have received two sheets of a work on Surgery, by the Editor of the *Physio-Medical Recorder*, of this city. Of course, from these isolated sheets we cannot judge of the value of the work, but we *are* able to determine that the language is clear, lucid, and generally very happily chosen—and that the paper and press-work are very creditable. As the book will soon be published, those who are wishing to obtain a *Physio-Medical* Surgery, will have an opportunity of so doing.

Prize Essay on Cholera Infantum. By James Stewart, M. D. Author of "A Practical Treatise on the Diseases of Children." Printed in the Transactions of the New York Academy of Medicine, 1856.

This is one of the most valuable modern contributions to Medical Science, and fully sustains the former high reputation of its author. It would be well for every physician to read this Essay preparatory to the treatment of the Diseases incident to the Summer; but not, however, with the intention of blindly following the *treatment* proposed in this work, much of which is good, and some of which we think demands a modification.

A Pocket Formulary and Physicians Manual, embracing the art of Combining and Prescribing Medicines to the best advantage; with many valuable Recipes, Tables, etc., Adapted to the profession throughout the United States. By Thomas S. Powell, M. D., of Sparta, Ga.

This *pocket* companion has already been strongly commended by some among the ablest of our Southern neighbors and we are pleased to find it making its appearance among us. It contains much very valuable matter in small space, and many hints and ideas, not always at the command of the active country practitioner.

Transactions of the South Carolina Medical Association, at the Extra Meeting in Sumter, July 9, 1856, and at the Annual Meeting in Charleston February 4, 1857.

This pamphlet contains evidence of great activity on the part of the profession in South Carolina, as well as much valuable matter, a part of which we had designed to transfer to the Journal, but which press of matter has crowded over to our next issue.

A Criticism of the Policy and Remedial Measures of the Old School Physicians, written in reply to Letters from Fellows of certain Regular Medical Societies, by L. C. Dolley, M. D. [Reprinted from the College Journal.] Rochester, N. Y., 1857.

Our Readers are already well acquainted with the above pamphlet, which first appeared in this Journal. We are pleased to find it issued in pamphlet form—as we doubt not many of our readers will wish to obtain copies for circulation among their acquaintances. It is an admirable production, well suited for both the professional and non-professional reader. By enclosing a few postage stamps, copies can be obtained from the author.

MISCELLANY.

MARINE DIATOMS FOR THE MICROSCOPE.

For the benefit of those who are engaged in microscopic investigation, I will make known a method of obtaining many beautiful specimens of marine diatoms, and which will fully repay any one for the trouble, especially those who do not live near the sea-shore. Take the oyster juice contained in one of the cans which are sent to almost every inland town throughout the United States, pour it into a tall glass jar or bottle, and when there is no further deposit of sediment, decant the supernatant liquor, and supply its place with clear water; as soon as no more deposit occurs, pour off the supernatant fluid as before, supplying its place again with clear water, and repeat this washing process three or four times. To the deposit of the last washing, add a small quantity of nitric acid, to remove any lime which may be present, and let it stand forty-eight hours, after which, wash the residue with water, in the same manner as before, to remove the acid, and repeat the washing three or four times. The deposit is now to be boiled in strong sulphuric acid, in a porcelain capsule (which can be obtained for 30 or 40 cents), until all extraneous matters are blackened or charred. Then, while the capsule is still over the lamp, and the acid is *very hot*, drop in *carefully* a very small quantity at a time of powdered chlorate of potassa, and continue adding it until the acid is clear, or of a light yellow or reddish color. This oxidizes the carbon, and if the acid is *hot enough* there is no accumulation of the explosive compounds of chlorine. When the acid is clear, remove from the fire and allow the deposit to settle, then remove all acid by washing with water and decantation, as above, repeating the washing three or four times. The sediment should not be allowed to dry, as when once felted together, it does not break up well; it should be kept in alcohol. The boiling in sulphuric acid, etc., is the late Prof. J. W. Bailey's process for removing carbonaceous matters from fossil diatoms.

In powdering the chlorate of potassa, it may be placed in a glass or wedge-wood mortar, covered with considerable water and rubbed with the pestle; if no water be added, a dangerous explosion will be apt to take place during the trituration. After it has been sufficiently powdered, remove the water by filtration, dry the salt on the filter, and carefully remove into a labeled vial. The boiling with sulphuric acid, etc., named above, should not be conducted in the apartment where the microscope is kept, lest the glasses become injured from the action of the gaseous matter evolved upon them.

By the above process I have obtained fine specimens of several varieties of Navicula, Pleurosigma, Eupodiscus, Cyclotella, Doryphora, Cocconeis, Pinnularia, Coscinodiscus, Actinocyclus, Triceratium, Surirella, Synedra, Gallionella, Campylodiscus, Grammatophora, Heliopelta, Sponge-spicules, etc. K.

KEITH & CO.'S CONCENTRATED MEDICINES.

Last year, we had occasion to speak of these agents—and also to present the facts as obtained by chemical analysis in various parts of of the country. It appears the very just and very stern rebuke passed upon those engaged in their manufacture and sale by the *Reform Medical Society of Georgia* last year, was not considered all these detestable humbugs deserve. We extract from the report made by this committe, at a meeting held on the 24th of February last.

"As members of a private class in Analytical Chemistry, we have analyzed and tested a number of preparations from B. Keith & Co., of New York, and although we find two of them, Hydrastine and Podophyllin, comparatively pure, yet most of them were adulterated with Carbonate of Magnesia and woody material, some as high as 85, 80, and 75 per cent. of foreign matter.

P. M. BOLES, M. D.,
G. M. SUMMERVILLE, M. D., } *Committee.*
D. H. HERRON, M. D.,

GRADUATES OF THE MEDICAL SCHOOLS FOR 1857.

The *Observer* of this city, the *organ* of the Miami College, has published a table of graduates, which the editor says is imperfect, and which we also think requires some corrections, which a little additional knowledge of the subject would allow him to make. In regard to several colleges at a distance, he seems to be well posted, but in regard to the College in which *he* belongs, as well as to others in this city he manifests an amusing amount of ignorance.

For instance, he says:

“Schools	*Matriculants,*	*Graduates.*
Medical College of Ohio	(not known)	31
Miami Medical College of Cincinnati	“	31
Cincinnati College of Medicine	“	5
Starling Medical College (Columbus)	“	18
Cleveland Medical College	72	21”

We present the above to show the amount of research and effort which has been made to obtain correct and full information, as well as to contrast the Old School Medical Colleges of this State with our Eclectic Colleges of Medicine which had during the past year, as will be seen by the report of the Dean published in the June No. of this Journal, 107 students and 47 graduates. *Perhaps* this item will be added to the Table of the Observer.

THE BOSTON VETERINARY INSTITUTE.

Through the earnest and persevering efforts of some warm friends of *Animality*, three Veterinary Colleges have been chartered in this country, but we believe the Boston Veterinary Institute is the only one organized and in working order. The next term of Lectures in this Institute will commence on the 1st day of September next. Those who wish for farther information, should address the *Dean*, Dr. Geo. H. Dadd, at Boston, Mass.

MARRIED.

In Park St. Joseph Co., Mich., on the 14th, of June, Charles Ellis, M. D., to Cynthia Morse, daughter of Silas Morse of Jefferson Co., New York.

From the well-known energy and activity of our friend Dr. Ellis, and the assistance he will now receive from his matrimonial copartner, we anticipate for him a happy and useful future career.

THE

COLLEGE JOURNAL

OF MEDICAL SCIENCE.

Vol. II. AUGUST, 1857. No. 8.

ORIGINAL CONTRIBUTIONS.

SPONTANEOUS PERFORATION OF THE STOMACH.

PERFORATIO VENTRICULI SPONTANÆ CIRCUMSCRIPTA.

BY LEWIS E. MILLER, M. D.

The spontaneous perforation of the stomach is a disease not described by American authors except by Prof. Dunglison who has given a slight notice of it, but it is frequently mentioned by German writers. This form of disease attacks both the stomach and the intestines, and frequently occurs without producing any marked premonitory symptoms, as the patient is often able to follow undisturbed his ordinary avocations until a short time previous to his death.

The attack is usually very sudden and with the most violent and excrutiating pain in the gastric or abdominal region, with quickly supervening symptoms of acute enteritis except that vomiting is usually not present. Medicine is often incapable of affording any relief, and death takes place in from twelve to thirty-six hours. The patient is usually entirely conscious although suffering from intense agony. Frequently the death is very sudden immediately after the attack. On post mortem examination in most of the fatal cases, it is discovered that the perforation is on the lower curvature of the stomach near the pylorus; but more rarely they are found in the small intestines. Only one perforation has been found to exist in any case where the stomach was the seat of the disease, while if the intestines are perforated there may be several holes.

These openings are circular, which evidences that they commenced on the mucus membrane and penetrated outwardly. The surrounding mucus membrane is not congested, swollen or changed in color. The opening has sharp well-defined edges, with the appearance of a coroding ulcer. The majority of those who have recorded their observations of this disease consider it specific in its form and standing in close connection with the condition of the blood and of the nervous system, because it is not necessary that the perforation should extend entirely through the walls of the alimentary canal to produce death. The so-called "*impressions degitatæ*," have caused death where the perforation was not perfect.

Dr. Siebert attributes this disease to an affection of the spine. In opposition to this view Dr. Schild says that the cause of the perforation is a hypertrophy of a gland ending in ulceration. Others say that it stands in no connection with inflammation, ulceration, softening, or cancer of the stomach, although it may resemble this latter very much. The disease, again, has been considered a local reflexion of a cacochymic process with defective innervation or a total loss of innervation, which enervation is confined to a very little spot. According to this latter view the preceding chlorotic conditions of the system, which cannot be discovered except by very close observation, must be cured by the proper general treatment, particularly with the preparations of Iron.

The sudden appearance of the disease, with the extreme pain, which is not relieved by *position* as colic is, together with the distortion, amazement and agony of the countenance prevent it from being confounded with gastritis tonica, where *vomiting* is the pathognomonic symptom, and where every little motion increases the misery and pain in the stomach.

This horrible form of gastroborus, which suddenly attacks persons apparently in good health and without any premonitory symptom or the least warning, sometimes producing death in a few hours or at most in a few days, manifests its character more by the countenance and the gestures of the patient than by any other method. There is no other form of disease which runs its course as rapidly and produces such intensity of suffering and such restlessness and doleful cries and complaints. The features are distorted and express the highest *amazement;*

the gestures indicate the most terrible torture. The patients cannot remain long in one position. The pain at the epigastrium and in the back or spine corresponding with the epigastrium, compels a constant change of atittude and position, now rising from the bed and now returning to it. Every movement is hurried; the words are uttered in a hasty and abrupt manner, and the patient appears to be *tormented* until death occurs.

This extraordinary and deadly anxiety, connected with the uninterrupted doleful accents of complaint and the full and perfect consciousness of the patient, are generally sufficient to direct the physician's attention to the true nature of the disease, especially as all these various symptoms cannot be produced by any other form of disease of the stomach and intestines.

I had a case recently which resembled the disease described very much, and which I will relate.

On the 20th of April, 1857, I was called to see Mr. W. Marshall. He went to bed as usual the night previous in good health, but was awakened about three o'clock the next morning by a severe pain in the stomach, with an inclination to vomit and to have a passage from the bowels. I arrived at the house about half-past seven o'clock in the morning, finding him in a terrible agony of pain and suffering. He complained of an excruciating pain in the stomach with a sensation of burning heat, which spread over the whole abdomen. The patient rolled about in all directions; often going to bed and getting up again. He was extremely restless, and vomited everything I gave him. He made perpetual and sometimes effectual efforts to vomit, and was perfectly sensible from the time he took ill until he died. Even just before death his consciousness was as perfect as in health. The features became changed to a deadly pale color, the pulse was small and frequent, the respiration quick and anxious, the forehead bathed in sweat, the extremities icy cold.

Percussion showed a loss of resonance over the stomach and abdomen giving instead a full, clear, hollow, *tinkling* sound. The treatment was ineffectual. I could not produce any passage from the bowels by any means I could use. All common injections and even tobacco injections proved useless. So also did the purgatives, and the anodynes and blisters. I gave at 12 o'clock, eight compound rhubarb pills, which checked the vomiting and relieved the suffering somewhat. At 3 o'clock a colleague was called in in consultation with me, who pronounced the disease to be an *Intussusception*. About this time the ineffectual efforts to vomit were renewed, and the severe pain in the stomach returned again. The Doctor could not do any thing for this disease which he at first called "cramp-colic," but which after death occurred he styled "intussusception." Meteorism supervened, and after an illness of 23 hours he died, after the most terrible sufferings, during all of which he retained full consciousness.

I make no pretentions to superior wisdom. I know we are all liable to mistakes, and I do not pronounce upon the nature of this case, as no post mortem examination was had to elucidate the mystery. I do not believe intussusception was the cause of the death, because this patient presented all the characteristic symptoms of perforation of the stomach. The mortal anxiety, connected with the uninterrupted cry of distress, with full consciousness, convinced me that it was a *perforation* and not an invagination.

According to Dr. Thomson, the average duration of the latter form of disease in thirty-five cases was between four and five weeks. I also have seen two cases of perforation of the stomach in a German Hospital, in which the post-mortem examination first unveiled the true nature of the disease, and the close resemblance between those cases and this was very great. Among the physicians who saw this case there was a division of opinion, some thinking it perforation and others an intussusception, but owing to the opposition of the relatives of the deceased a post-mortem examination was not permitted, and I publish this history in part to obtain a diagnosis from the profession.

ANIMAL HEAT—ITS NATURE, CAUSE, AND GENERAL THERAPEUTIC APPLICATION.

BY A. P. DUTCHER, M. D.

One of the most marked peculiarities of the human body is its tendency to maintain a certain temperature, which in all regions except under the torrid zone, is generally higher than that of the surrounding atmosphere. What, it may be asked, is the cause of this phenomenon? Does it arise from physical endowments, from any peculiarity of the human organization, or from the effects of human art and contrivance, in affording protection from extremes of heat and cold? Is it, in short, the result of physical constitution, or of reason? I think it may be safely affirmed that both these causes are concerned, and that the original source of an attribute which so strikingly characterizes our species, is to be sought in the properties of the human frame;

and that this original power of the bodily fabric is assisted and fully developed by the superior mental power of man. Let us, therefore, briefly contemplate this phenomenon in some of its theoretical and practical bearings.

Nature and cause of animal heat.—There cannot be the least doubt that the temperature of the external parts and extremities of the body depends upon the maintenance of the circulation of the blood through them. If we obstruct the flow of the blood through the principle artery of a limb, the first effect which follows is a lessening of its temperature. At the same time there are many circumstances which show that the origin of the heat of the blood is to be traced to the action of respiration. Thus in hybernating animals, where in the torpid state the respiration is always very feeble, it is observed that when they are aroused, in proportion as the breathing becomes more frequent and full the heat of the body is augmented; and in animals which have been decapitated, it has been found that if the action of the breathing is maintained artificially, the cooling of the body is very much retarded, whereas, if the respiration had not some effect in maintaining the heat of the body, the cold air thus introduced into the chest must have accelerated instead of retarded the process of cooling.

Analogy has long led chemists to infer the formation of carbonic acid in breathing must have some connection with animal heat; for it is well known that whenever carbon and oxygen combine to form carbonic acid, as in ordinary combustion, heat is evolved. But it is obvious that if the production of animal heat were due solely to what might be called the combustion of carbon in the lungs, we should have the heat of that part of the body very high and the rest of the body comparatively much cooler. Now this is found not to be the case, and therefore we must look to some other point for the production of animal heat. It is a well established fact that the carbonic acid given off in breathing is formed not in the lungs but in the course of the circulation, and therefore if the combining of carbon with oxygen be the source of heat, there is reason to believe that its evolution takes place not in the lungs, but in the capilliaries over the whole body

Again it appears from many experiments, that the arterial blood has what is called a greater specific heat, that is, has the power of retaining more heat than venous blood; consequently when the blood in the capilliaries passes from the arterial to the venous state, being unable to retain so much heat, part of it must be evolved; hence the opinion that the evolution of heat in animal bodies takes place not in the lungs, but in the capilliaries. The original production of heat, however, is still more probable in the combination of carbon and oxygen in the lungs, but as the heat thus generated is immediately absorbed by the arterial blood and carried by it to be evolved in the capilliaries, it does not appear in the lungs in excessive quantities as we would otherwise expect it to do. "Every fact," says Dr. Carpenter, "points to the formation of Carbonic Acid by the union of Oxygen absorbed from the air with carbon set free from the body as the main source of the evolution of heat within the animal system."

Remarks on heat in general.—To undersand more fully the nature of animal heat and its relation to health, we must premise a few observations on heat generally. Heat or caloric is a material substance, but not possessed of any appreciable weight. It exists in two different states, *free*, and *combined.* Free caloric comprehends all the sources of heat which are manifested to our senses, as that which comes from the sun, from the fire and from heated bodies. Combined caloric exists in a concealed state in all bodies. In this state it is called latent or hidden caloric, and in this form exists even in ice itself.

One of the most remarkable properties of caloric is its tendency to diffuse itself throughout space or through every body with which it comes in contact. When any body is heated, that is when a larger quantity of caloric has been introduced into it, the caloric has a tendency to pass off into any other body that is near it, and the diffusion of the heat goes on until both the bodies come to the same temperature. There are two ways in which caloric may pass from any heated matter. It may fly off, as light does, in passing through the air, until it meets with some substance which absorbs it; or it may pass away from the heated body along any substance placed in contact with it.

The first of these is called *radiation*, the second is *conduction* of caloric. Thus, when we light a fire in a room the apartment becomes warm because rays of heat pass into it by radiation—thus, if we put the point of the poker into the fire and keep it there, by and by the handle of it becomes hot, because heat has passed along the piece of metal by conduction. But heat is not conducted along all substances with equal rapidity ;, some substances conduct it very rapidly, others very slowly, and in proportion as they do so, they are termed good or bad conductors of caloric. Thus it is quite obvious that if a heated body is surrounded by a bad conductor of heat, it will part with its caloric much slower than it would do if surrounded by a good conductor.

The principles upon which clothing is selected.—It is more particularly upon the last principle of caloric referred to, that mankind proceed in the selection of materials for clothing. The heat of the human body is about 98 degrees, but as the temperature of the air in temperate and still more so in cold climates, is much lower than this, it is evident that in accordance with the laws of diffusion of caloric, the heat of our bodies must have a constant tendency to pass off into the surrounding atmosphere. In order therefore, to prevent the cooling of the surface which would thus ensue, we surround the body with substances which are bad conductors, and which therefore prevent our animal heat from passing away from us.

The materials of which clothing is made are chiefly wool, silk, hair, down, cotton and linen. Of these wool, from its being a very imperfect conductor of heat, and at the same time an abundant commodity, is most employed to retain the natural heat of our bodies. Raw silk, raw cotton and hair are as bad conductors as wool, and would therefore be equally warm; but silk and cotton are only used as clothing when woven and they do not retain the heat so readily, for we may remark that the manner of manufacture has an important effect in modifying the conducting power of the substance; generally speaking the looser the texture the better it will maintain the temperature of the body; because it only acts in virtue of its non-conducting power, but being in this loose state, it retains among its particles a quantity of warm air in contact with the surface of our bodies.

These facts are well illustrated by what we observe in the lower animals. The wooly fleece of some quadrupeds, the abundant hair of others, the feathers and down of birds, are all designed and arranged by the Divine hand to maintain and preserve their animal heat. Man, who has the high prerogative of reason, is not furnished by nature with these protections in his own person, but is left to the guidance of his intellect to select from the sources around him the materials which will best serve to retain his animal heat, in whatever proportion the temperature of the climate in which he is placed may render it necessary.

Importance of warm clothing.—The importance of warm clothing placed next the body will be readily seen when we consider the effect of cold upon the system. Whenever a portion of the body parts with its caloric; when in short it has become cooled in any way, the blood-vessels of the part become constricted, the blood of course is prevented from circulating freely through them. Now a very large portion of blood in the normal condition of the body circulates through the skin, and it is clear that if the vessels of the part become constricted the blood must pass into it in smaller quantities and will therefore be obliged to find its way in undue proportions into other parts. Hence, when the surface becomes chilled we have morbid affections produced in internal organs because the blood is, as it were, forced into them in improper quantities from not being allowed to circulate freely in the superficial part of the body. Hence arise inflammations, catarrhs, sore throat, which in the changable weather of spring and autumn so frequently require the aid of the physician. The proper preventive of all these is covering the body with a good non-conductor, which will retain the animal heat and prevent it from passing off into the surrounding atmosphere. The best material for this purpose is good woolen garments, which should always be regulated by the peculiarities of the system, the seasons of the year and occupation of the individual; and to enjoy the full benefit of flannel it should be worn next the skin. Some individuals object to this on account of the excessive irritation and disagreeable itching which at first it frequently occasions, though by persisting in its use this is after a few days generally found to subside.

Animal heat therapeutically considered.—In the treatment of the various diseases which afflict the race of man few things are of more importance than a proper regulation of the temperature of the body, and indeed very many diseases may be prevented and not a few cured by a proper attention to some of those simple laws which I have just explained. Several years since a lady brought her child to me for examination and advice. It was three years old and had had chronic diarrhœa for six months; it was very much emaciated, skin cold and clamy, abdomen tumefied. What little food it took was but partially digested, and it was so feeble that it was unable to walk. Two physicians had already prescribed for the case; the child had taken considerable medicine and it was the opinion of its mother that it was gradually becoming worse. From the history of the case, and the great aversion of the child to every thing in the shape of medicine, I ordered the following:—No food but animal jelly, warm bath every morning, and flannel under clothes, to cover the arms, body and lower extremities with free airings in the cool of the day, as the weather at that time was extremely warm. Under this treatment he gradually recovered his health. This is one of the many cases that I could give to illustrate the importance of animal heat to overcome morbid action in debilitated conditions of the system. I am satisfied from experience that attention to this simple law of health will frequently accomplish more good, in cases of this kind, than all the medicinal agents that we have.

In all tuberculous disorders nothing is of more importance than to sustain the natural temperature of the body. "A continued depression of the temperature beneath that of health," says Dr. Wood, in his new work on Therapeutics, "is peculiarly injurious in all forms of

Tuberculosis, whether before or after the depositions, and in all cases of a strumous character or tendency. Hence the advantage, on the part of such individuals, of a residence in warm climates; but when this is impossible much can be done by a due attention to clothing by day and by night, and at all seasons. I do not say that temporary exposures to cold may not sometimes be useful in these persons, through the tonic influence of reaction. But such exposures should always be purposed, not accidental, but should be employed in a remedial capacity and not left to the caprices of chance, and when they are resorted to the utmost care should be taken that due reaction shall ensue.

"But it is not in the scrofulous cachexy only that a due preservation of warmth is important; all low forms of disease and especially low fevers, are promoted by constant chilliness, and no fact is more univeraslly admitted in medicine than that the changes of temperature, and especially exposure to cold after heat is one of the most fruitful causes of the various inflammations. The preservation of a moderate warmth of surface, not sufficient to induce perspiration, is one of the great hygenic rules which should be attended to under all circumstances."

We have no means of protection against scrofula more powerful than warm clothing. Nothing in my opinion can be more truly absurd than the light and thin dresses in which young persons, and especially infants are usually clothed during the period of their lives in which of all others they are most liable to attacks of scrofula. It is often easy to trace the origin of this disease to thin clothing and to accidental exposure to cold, and its symptoms are sometimes observed to disappear merely from defending the body by means of warm clothing against those frequent and sudden vicissitudes of the weather which occur in this climate.

In all extensive injuries of the body nothing is more important than to sustain its natural temperature. In severe contused and lacerated wounds nothing is more injurious than the indiscriminate use of cold water so universally recommended by modern surgeons; many of them are so fearful of inflammation after injuries of this kind that they will keep the temperature of the parts so low that it is almost impossible for the enfeebled blood-vessels to keep up the circulation and thereby repair the injury. We can never get astray in maintaining the natural temperature of injured parts, and we should also as a general thing, in all cases of severe and extensive wounds of the body, discard all depressing agencies, ever bearing in mind that as the *vital forces* are lessened the antagonistic chemical forces will predominate and disease or death will follow as a natural result.

"MERRELL'S FIRE EXTRACTOR."

BY PROF. CLEAVELAND.

IN the COLLEGE JOURNAL for March, 1856, Prof. King made some remarks upon a certain preparation of Stillingia, which Mr. Merrell had been in the habit of preparing and selling in the place of the *Syr. Stillingia Comp.* of the Dispensatory. The peculiar position taken by Mr. Merrell led the Faculty of the Eclectic Medical Institute to pass, and publish in the COLLEGE JOURNAL, a series of Resolutions, among which was the following:

> "*Resolved*, That with reference to pharmaceutical preparations this Faculty require as a pre-requisite to their being employed or recommended by us as therapeutic agents, that the following rules shall be observed:
>
> *First*, A method must be made public by which each agent may be produced:
>
> *Second*, Where agents are incapable of being tested by chemistry, the names and proportions of all the ingredients entering into their composition or used in their preparations must be made public."

The passage of these resolutions led to some discussion on the part of Mr. Merrell and his friends, which finally resulted in a communication being sent to the JOURNAL, in which Mr. Merrell said:

> "I have always advocated the principle that the physician is justified in refusing to prescribe or recommend any medicine the source, nature and composition of which he is not informed, and have only contended that he should not require to enter the laboratory of the manufacturer and be informed of all the minutia of his operations."

In regard to the resolutions passed by the faculty, he said:

> "I have no objection and have never pursued a course contrary to its spirit."

I make this reference to this matter, that those of our present readers who did not receive the JOURNAL for last year may understand our position, as well as the position of Mr. Merrell, and as prefatory to what I have to say in regard to the "*Fire Extractor.*"

Recently, under the heading of "*Cure for Burns, etc.*," Wm. S. Merrell, M. D., has published a formula which he says was devised by him twenty-five years ago and which has been supposed to be *greatly superior to all other preparations in use*, and of which he now for the first time gives the prescription to the public, and submits it to the criticism of the profession. His formula is as follows:

℞.	Emplast. Plumbi,	℥	16
	Ol. Terebinth, Rect.,	"	3
	Ol. Origani,	"	6
	Ol. Lini,	"	2
	Tr. Opii.	"	2

That this preparation is not so completely *unknown* to the profession as Doctor Merrell supposes, may perhaps be shown by comparing it with the following, taken from the Eclectic Dispensatory, page 1038:

℞.	Emplast. Plumbi,	℥	16
	Ol. Terebinth,	f℥	6
	Ol. Origani,	f℥	8
	Ol. Lini,	f℥	2
	Tr. Opii.	f℥	2

It will be perceived that in transcribing the formula from King's Dispensatory to the Journal, I have reduced the *amounts* one-third, to correspond with the amounts as published by Doctor Merrell, but I have retained the proportions.

Many preparations which have been palmed upon the people as valuable *original* preparations, are on examination found to be but modifications of old and well known combinations, and to those somewhat acquainted with the literature of the profession most of the claims for originality are amusing either for their simplicity or their audacity, and in regard to this *Fire Extractor* there would be no difficulty in showing that a Diachylon very similar to it has been known for much more than twenty-five years.

But probably it was not the composition which was "submitted to the criticism of the profession," but rather its action as a therapeutic agent, and as such I wish to record my strong protest against it.

It must be a fundamental principle with all advocates of Rational Medicines, never to make use of agents which are liable to produce dangerous or harmful results when other agents as efficacious and more safe can be substituted in their place.

It is in accordance with this principle that I am led to discard Mercury, Arsenic, Lead, Antimony, Digitalis, and other agents which are in common use by the generality of the profession, and it is because others as well as myself have exercised this privilege of substituting other, and as we think safer agents, that many of our old friends feel aggrieved at our course, and some even have tried to destroy us professionally by the senseless cry of "heretics," and "irregulars."

In the list of agents which are discarded by me is *lead*, and yet a very large proportion of this Fire Extractor is made of lead, and it is recommended to be applied to the denuded surface in scalds and burns, accidents which often remove a large amount of cuticle and which render the system liable to absorb a large amount of the metallic poison.

The records of the profession are full of accounts of the terrible effects of even minute doses of lead, and no one will pretend that the lead in this Fire Extractor can be of any more value than any other agent which would protect the parts from atmospheric contact except as the lead becomes absorbed and this acts by its *presence* on the animal tissues. Dr. Merrell does not name *lead* as an important agent in his plaster but has occasion to say that "the *diachylon* plaster and oil form a Sedative," etc. If the design of the lead in the diachylon plaster is to furnish a *sedative*, it may be well to see if we have an *efficient* and *safe* sedative—or even a powerful one.

In regard to the *safety* of the lead plaster the *American Journal of Medical Science* in its twenty-third volume gives a case in which severe lead colic resulted from applying it to an ulcer on a leg. Prof. Drake in the *Western Journal of Med. and Phys. Science*, for 1831, says that in a case where it was used in the Commercial Hospital as a dressing for *burns*, it produced real saturine colic with obstinate constipation, retraction of the umbilicus, borborigmi, and acute abdominal pain.

Couringius published some cases in which the usual effects of poisoning with lead followed friction with litharge. Those cases occurred in 1639. Widekund gave a case where lead colic was produced by lead plaster. Von Brambilli in 1757 published a case where lead colic was produced by the absorption of the litharge contained in a powder used for the face. Orfili quotes a case of lead disease, colic, and paralysis of the eye, the muscles of the neck and hands, with great emaciation, and other symptoms peculiar to lead disease, which was reported by Krimer, as produced by the use of lead in a cosmetic applied to the face, neck and arms. Percival reports several cases of lead colic produced by the application of a wash containing lead to the parts that had been scalded. Sir. G. Baker observed a case of lead colic from the use of a lead ointment on the bare skin denuded of its cuticle. In 1827 Duchesne witnessed similar results. In 1838 Taufflieb described a case of lead colic produced by the use of lead plaster.

These few instances of the many on record are referred to, to prove that those of the profession who discard lead from their remedial agents because of the very great danger which attends its use, cannot with any consistency countenance the use of Doctor Merrell's Fire Extractor, although after the lapse of twenty-five years he has seen fit to make public its formula, and although "abundant evidences and *numerous certificates*," should be presented to attest to its efficacy—for it is possible that some of the persons who have signed his *certificates* may have been very severely injured by the agent to whose value they have attested.

The readers of this Journal need not be told that these remarks are penned with the sole intention of advancing the cause of science and humanity, and with no wish to interfere with the proprietor of the Fire Extractor, but to show to him as well as to the profession that the mere fact that a preparation is sustained with certificates is no absolute proof of its value, and also to furnish my share of that friendly *criticism* of the profession which he has invited.

UTERINE HEMORRHAGE.

BY Z. HUSSEY, M. D.

Uterine Hemorrhage is easily managed, or difficult of cure, in proportion to the capacity for healthy movements existing in the deranged organ. All permanent hardening of this structure or any considerable portion of it, by disease or the action of remedial agents, increases the difficulty of a radical cure of this affection. Callosity may prevent the escape of sanguineous fluid at points and cause permanent enlargement of the arterial ramifications and venous radical in adjoining portions of the organ. This enlargement and consequent weakening of the coats of the vessels presents one of the most formidable obstacles to the successful treatment of this unpleasant form of disease. An intimate sympathy existing between the uterus, stomach and general nervous system, if the normal movements of the former are prevented by *structural changes* in its substance, irritation of the part can scarcely fail to exist; and this irritation is not likely to be transient, but permanent—spreading widely its influence among the sensitive tissues. This persistent irritation increases the engorgement of the already distended and weakened vessels in the uterus and adds to the difficulty of taking up by the general circulation, the burden pressing upon this organ. Thus we have presented to our comprehension conditions directly favorable to hemorrhage and from which it follows as a natural and necessary result. To make these conditions is to prepare the way, not only for the onset, but for the continuance of this annoying malady. To remove these conditions, when once established, must be the work of careful, consistent and persistent medication.

Uterine irritation is unfavorable to the healthy secretions of the organ and hinders the free circulation—extension and contraction—action and reaction—that constitute its normal condition. But scars and callous formations do more; being attended with wearing irritation; offering mechanical resistance to the healthful performance of all the offices of the organ; favoring *spasmodic* contractions and consequent rupture of the now distended and weakened vessels that ramify upon its internal surface.

In the treatment of Uterine Hemorrhage, special care should be taken not to induce and establish the conditions that so much favor prolonged suffering and stand so prominently in the way of restoration to health. Hemorrhage may result from momentary functional disturbance, from direct debility, allowing the circulation to be unduly influenced by physical laws, and may be liable to result from peculiar constitutional tendencies. But whatever the cause—accidental or predisposing—prompt and reliable treatment should be instituted for the re-establishment of the conditions, local and general, on which health depends; and to one who has a clear apprehension of the indications to be filled in a given case and of the agents and processes required, a cure is not presented as something anomalous, but as a natural result of changes terminating in the agreeable play and co-operation of healthful movements.

The physician entrusted with the management of maladies peculiar to females, should not only be careful *not* to produce the conditions heretofore alluded to as most unfavorable, but he should be acquainted with appropriate remedies and have the tact to apply them and institute processes for the removal of these conditions, in all *curable* cases of this kind. For it may be truly affirmed, that should Uterine Hemorrhage be ultimately and permanently stayed, by the use of means that sear and obliterate the channels of circulation upon the internal surface of the structure, a worse condition will be induced. Should elasticity be destroyed, irrritation, pain, a sense of insupportable weight, may be anticipated. Leucorrhœa, even more annoying than Hemorrhage, may result, involving the vagina and producing excoriations of the more superficial genital parts.

In order to *cure* this description of Hemorrhage the practitioner should be well acquainted with the sympathetic relations existing between the stomach and the uterus and know how to cause motions of the latter by impressions upon the former. He should know how to astringe the ruptured vessels without destroying their secreting capacity; how to diminish their cavities without obliterating them; how to absorb away tumefaction of the uterus without driving it into stony hardness; how to assuage irritation without producing torpor and insensibility; and how to purify the blood and promote its proper circulation, that all the secretions may be healthy and all the processes of depuration free and unembarrassed; then no organ will be oppressed by the superabundant material that should be distributed to or cast off by other portions of the system; no part will be compelled from oppression, or spasmodic irritation, to cast off the vital fluid.

TINCTURA FERRI ACITICI RADEMACHERI.

BY T. C. MILLER, M. D.

Rademacher's Tincture of the Acetate of Iron is made as follows:

Take of pure sulphate of iron two ounces and seven drachms; of the pure acetate of lead three ounces; triturate them together in an iron mortar so long as may be needed to reduce them to a soft conformable mass; then put the mass in an iron vessel with six ounces of distilled water and twelve ounces of diluted acetic acid; heat the mixture until it boils. After it has become cold, add six ounces of pure alcohol.

The mixture is then to be put in a glass vessel with a ground stopper for at least six months—to be shaken daily—when it will acquire a a high red color; then it is to be filtered through paper.

By this long process the Tincture will have a mild, pleasant taste and a smell similar to Malaga wine, more noticeable on the addition of gum arabic to the mixture. The older the mixture is the pleasanter the smell and taste, and hence it is desirable to make it in large quantities.

According to RADEMACHER the Tincture should have a specific gravity of 0.875 to 0.885, but in reality, I find it to be 0.970 to 0.980.

I prescribe it in doses of from thirty to sixty drops, to be repeated several times a day. As an antidote against poisoning by arsenic, I give it in larger doses, diluted with water.

RADEMACHER gave in acute fevers one ounce of the Tincture with seven ounces of water and one ounce of gum arabic. He says that most of his patients took it—not only for one day, but for a considerable length of time. He also uses the Tincture in delirium tremens, scarlet fever (when other remedies had been of no avail), in glossitis, some forms of coughs, inp leuritis, phthisis tuberculosis, diarrhœa, some forms of liver affection, acute rheumatism, lumbago, sciatica, dropsy, Asiatic cholera, and so on.

His other favorite preparations of iron are the Peroxide, Bicarbonate, the Sulphate and the Liquor Sesqui-chlorate, (Liquor Ferri Muratici oxidate—Liquor Chloridi Ferrici, of the Prussian Pharmacopœia). This last preparation is a red-brown fluid, similar to a syrup of the specific gravity of 1.535–to 1.540, and contains 16⅔ per cent. of iron. It is an excellent styptic.

A great many physicians are often surprised to see, under the use of the different preparations of iron, even when indicated, that no improvement is manifested, or even the patient may be getting worse. Some physicians combine with their chalybeates drastic purgatives. Or, there may be an acid condition of the stomach, or some bilious matter in the intestines. Before gastic irritation is removed iron will do more harm than good and will produce no beneficial effect.

Iron should be given after the stomach and bowels are prepared for it, and if necessary, in conjunction with a tonic. Should the bowels become torpid or obstructed, injections should be used.

I have often been consulted in cases where iron had been given in too large doses and too long without producing any favorable result but great harm, in consequence of the use, also, of heroic purgatives, and consequent irritation of the stomach and bowels. But given as here indicated, after the stomach and bowels are properly prepared for its administration, and in small doses, in a very few days I have observed great improvement in the patients. My treatment is based on observation and experience as well as on the science, and I can confidently advise others to make a trial of it.

INDIANA STATE ECLECTIC MEDICAL ASSOCIATION MEETING.

A Meeting of Eclectic Physicians of the State of Indiana met at Indianapolis, June 30, 1857—as per previous call, for the purpose of organizing a State Medical Association. On motion Dr. W. H. Kendrick was called to the chair and O. H. Kendrick was appointed Secretary. After a few preliminary remarks from the chair explanatory of theobject of the meeting, the following resolutions, by Dr. G. D. Gibbs, of New Albany, were adopted:

Resolved, That this Association shall be known by the name of the Eclectic Medical Association of Indiana.

On motion of Dr. Merrill, of Indianapolis:

Resolved, That the permanent officers of this Association shall be one President, two Vice-Presidents, one Recording Secretary, one Corresponding Secretary, and one Treasurer.

On motion, the following gentlemen were elected permanent officers for the ensuing year, viz: W. H. Kendrick, President; G. L. Gibbs and J. W. Young, Vice Presidents; O. H. Kendrick, Recording Secretary; J. N. Green, Corresponding Secretary; and L. Abbot, Treasurer.

On motion, the chair appointed J. F. Merrill, S. D. McCann and J. W. Young a committee to draft a constitution and rules of order to be presented at the next meeting.

Resolved, That the proceedings of this meeting, with the names of the members present, be sent to the COLLEGE JOURNAL, *Eclectic Medical Journal*, *American Medical Journal*, and *Physio-Medical Recorder* for publication.

Resolved, That this Convention extend a cordial invitation to each Faculty of the different Reform Schools of Medicine at Cincinnati to meet with us at our next regular meeting.

Resolved, That the thanks of this Convention be tendered to the Trustees of the Church for the use of their house during the sitting of this Convention.

Resolved, That this meeting do now adjourn to meet again during the approaching State Fair, subject to the call of the officers of the Association.

W. H. Kendrick, *President*.
O. H. Kendrick, *Secretary*.

Names of Members present:

J. W. Young, Gosport,
S. D. McCann, Greenwood,
D. Rollin Malone, Harrodsburg,
J. H. Canada, Greensboro',
J. W. Jay, Raysville,
W. H. Kendrick, Indianapolis,
S. M. Weaver, “
—— Riddell, Franklin,
G. L. Gibbs, New Albany,
L. Abbot, Indianapolis,
U. W. Mallette, Bedford,
C. B. Austin, Greensboro',
J. F. Merrill, Indianapolis,
J. N. Green, “
O. H. Kendrick, “
J. C. Dixon, Attica.

NOTE.—From the above it will be seen that the liberal and independent members of the profession in Indiana are forming an organization for mutual improvement and the elevation of the profession. It has been a source of deep regret to all true lovers of the profession to observe in many of the Associations and Societies which have from time to time been organized, a spirit of partizanship and proscription from which it is to be hoped this Society will ever be free. With liberality and entire freedom from partizanship and demagogism this Society will be able to accomplish much good for itself and humanity.

CYNANCHE TONSILLARIS.

BY J. A. HENNING M. D.

THIS disease prevails considerably through the northern portion of Indiana in the spring and autumn. I had many cases to treat last spring and some of them in a malignant form. I will describe a few of the most noted symptoms. Perhaps the first announcement of an inflammatory sore throat is a difficult deglutition, and so painful is the effort sometimes as to produce apparently a spasmodic action of the parts involved in the function. Rigors followed by pyrexia is generally the premonitory symptom of this disease, but occasionally it is a subsequent one. Towards evening there is considerable febrile excitement, and in the advanced stage delirium and lethargy supervenes; pulse is full hard and frequent, beating from 100 to 140 in a minute; tongue coated with a thick white fur. The fauces at first present redness with tumefaction of one or both tonsils, and when of both the swelling may close the isthmus of the fauces and eustachian tube, which frequently impairs hearing. Respiration however is but little disturbed except in extreme cases, when a sense of suffocation is felt. Shooting pains occur frequently in the parts affected, accompanied with hoarseness of voice and difficult excretion of mucous. The uvula is elongated and generally much swollen; the neighboring parts are considerably inflamed.

This disease is also attended with external inflammation of the cervical glands and cellular tissue, with tumefaction, rendering the inferior jaw almost immovable, though sometimes these symptoms are absent. In some cases I have noticed diffused whiteness of the tonsils; in others the whiteness is in spots, and occasionally concreted; this I suppose is a morbid product of the mucous follicles. This inflammation will terminate in resolution by prompt and judicious treatment, but will frequently end in suffocation if the appropriate remedies are withheld.

The suppuration is announced by slight chills, the tumors being soft; also a spot is observed indicating its nearest approach to the surface. The suffering at this stage of the disease is exceedingly great, but if the abscesses be ruptured or lanced there will be immediate relief.

This malady is mostly occasioned by a sudden check of perspiration, improper exposure to atmospherical changes, damp beds, irritations of the parts by improper food, pins, bones or other sharp substances lodging in the throat, and sometimes it is epidemic and infectious.

Treatment.—In the incipient stage I generally commence with an emetic of the compound Powder of Lobelia, but if the tonsils are much swollen it is inadmissable, and then I order Diaphoratic powders, from three to five grains, every two hours until perspiration is promoted; and give them every afternoon if there is any febrile excitement. Steaming the throat every two or three hours with a strong decoction of worm wood, hops and catnip, in equal parts of rain water and vinegar, will give immediate relief. I also direct to gargle the throat with:

℞ Hydrastis Canadensis, ʒjj.,
Myrica Cerifera, ℥j.,
Aqua Bullientis, fO iss.

Mix, macerate, strain, add Alum ʒss.; gargle the throat every two hours.

Externally if there is much swelling of cervical glands, I foment with hops one part, mullein three parts, applied every hour or two, and also bathe the throat with the following liniment:

℞ Olive Oil, f℥j.,
Aqua Ammonia, f℥j.,
Tinct. Camphor, j℥ss. Mix.

Warm this liniment and bathe well before the above fomentation is applied. I also direct the patient to take the Comp. Leptan. pill to keep the bowels open. The feet should be bathed in warm rain water two or three times a day. If the above treatment is not adopted in due time, and symptoms of suppuration manifest themselves threatening suffocation, the tumor should be lanced.

DYSENTERY.

BY T. C. MILLER, M. D.

In my observations in regard to Epidemic Dysentry I have noticed two distinct varieties. In one form the entire alimentary canal below the stomach is affected. In the other, the disease is confined to the colon and rectum. In both varieties of the disease there is more or less obstruction of the colon.

Dr. Turrentine in his article published in the *Charleston Med. Jour. and Review*, as condensed in the College Journal for April, strongly recommends the use of Podophyllin to overcome this constipation, and I wish to ask the profession if they think that agent would be a safe one in those epidemics where the whole length of the intestines is involved; where vomiting occurs and where we find the heroic treatment used by old school physicians result in death in most instances.

In my opinion the use of podophyllin in these cases should not be resorted to.

My brother and myself differ somewhat in our treatment of dysentery, as I adhere more closely to the teachings of Rademacher than he does, but in the main plan of treatment we are agreed, and our friends say our treatment is far more successful than that of our neighbors.

Epidemic dysentery occurred here last fall very extensively and I lost two cases from meddlesome interference. Perhaps when my health is restored I may write more fully but now, as the season is approaching when this disease may return, I will give you a few brief notes.

To illustrate my mode of treatment I will present a case. I was called last fall, by a man who lives twenty-five miles from here and whose son was sick with disease of the whole of the length of the intestines. There was free vomiting, with copious alvine discharges mixed with blood. The father who is a very intelligent man, was fearful of the heroic treatment of the neighboring physicians, asked me to take charge of his son. The patient had been ill four days and was considered in a very dangerous condition. After a careful examination I decided to make use of a formula of Rademacher, as follows:

℞. Pure Nitrate of Soda, ʒjss.,
Sub. Nitrate of Bismuth, grs. xv.,
Gum Arabic, ℥ss.,
Water, f℥viij.,

M. Dose, one table spoonful every hour.

He recovered in two days and required but this one prescription.

My brother frequently relies on the *Tinctura Rhei Aquosa* of the Prussian Pharmacopœa, which is prepared as follows:

℞. Rad. Rhei, Pulv. ℥jss.,
Potassa Bicarbonas, ʒiij.,
Aq. Cinnam. Spirit, f℥ij.,
Aq. Distilat., f℥xij.

M. Macerate for 24 hours and filter.

You will perceive that this preparation closely resembles the *Neutralizing Cordial* of Prof. King's American Eclectic Dispensatory, and I am of the opinion that the formula for the Neutralizing Cordial was taken from the Prussian Pharmacopœia and the one who made the changes to the present form as published in the Dispensatory, made alterations, *not* improvements.

My brother also makes use of injections in the treatment of dysentery as well as the external use of Rademacher's Belladonna ointment to relieve tormina and abdominal pains. He also uses the Chloroform vapor in the rectum as mentioned by Dr. Turrentine.

I have made use of chloroform vapor for several years. I take a bottle capable of containing four ounces or more and put in it a drachm of chloroform ; I then fit to the mouth of the bottle a cork perforated so as to be penetrated by a flexible tube, on the other end of which is a rectum pipe. By placing the bottle in warm water the chloroform is readily changed to a vapor, and passing through the flexible tube it comes in contact with the diseased mucus membrane.

This mode of applying anæsthetic vapors is nearly identical with that adopted by Prof. Simpson of Edinburg, and by Prof. Dewees of Philadelphia, and Prof. Major of Geneva as detailed in the College Journal for 1856, p. 234, and I am pleased to know that it is becoming more in use in the profession.

But I do not always adopt exactly the same mode of treatment even when the disease is known by the same name. The mode of treatment here detailed I have found successful in most epidemics, and yet at times the epidemic will affect the patient so as to demand quite different treatment. Rademacher says: " We should always find out the *epidemic constitution* of the disease."

When the seat of the disease extends only from the colon to the rectum, and no vomiting takes place, a thorough evacuation of the intestines is not out of place, but in my opinion the doses of his heroic remedies are far too large. I fully agree with the sagacious Dr. Marshall Hall in the opinion that in all forms of dysentery all violent cathartics are dangerous, and the physician who shall give to his patients the large and repeated doses of podophyllin recommended by Dr. Turrentine and in some of the books, cannot fail to loose many of his patients.

For a cathartic in dysentery I have found the Extractum Juglandis an excellent remedy. I also have used with much satisfaction the following:

Take eight fluid ounces of boiling water and infuse in it a half-ounce of Senna, and two ounces of Sulphate of Magnesia, and of the liquid I give one table spoonful every hour. To make it more palatable I often sweeten it with loaf sugar.

Sometimes we find in some epidemics the liver to be much affected and then I use the Pulv. Leptandria Comp. of the American Eclectic Dispensatory and find it of great service and very applicable.

I have never found any of the preparations of opium of any service in the commencement of dysenteries, but in the earlier stages they always do harm. I very seldom use opium in any stage of the disease.

I have seen in the *Medical News and Library*, of this year (I have not the paper by me but think I am correct), Iodine recommended as an injection in dysentery. This is not a new idea, as Dr. Eimer of Lobr, Germany, recommended it several years ago. It is good, very good treatment where there is severe local inflammation. I use the following:

℞. Iodine,
Iodide of Potassium, āā grs. v.,
Aqua Pura, f℥ ij.

M. Use as an injection twice or three times a day.

In regard to the use of the Sulphate of Quinia, as an anti-periodic in dysentery I have no experience, but as an anti-periodic in intermittents and so on, I give it in doses so large that one dose is all that is required. This method accords with that pursued by Profs. Pfeufer and Moritz Meyer of Germany.

QUERIES ANSWERED.

BY PROF. CLEAVELAND.

ABORTION.

"WHAT are the most effectual means of producing abortion?"

The above query demands more than a passing notice. Within a few years the *people* have come to consider it but little criminal, if not entirely right, to destroy the living fœtus for the purpose of relieving them of the shame or the simple inconvenience of having offspring. In former times the *law* made a distinction and it still does in some countries, between the destruction of the fœtus before the period technically called *quickening* and after that period, but physiologists and physicians know that this distinction is invalid and unreasonable—that the embryo has vitality both before and after quickening. Legislators have also made an absurd distinction between the destruction of the life of the child previous to its birth or after it has been born. Life is life in either instance, and in my opinion the unwarrantable destruction of the life of an infant in the uterus is as much murder as the destruction of the life of an adult in the street, and should be treated accordingly.

But *it is* necessary sometimes to remove the fœtus from the womb of the mother in order to save the life of that mother, and both the profession of medicine and our legislators have recognized that fac and have practiced in accordance with it. But in my opinion there have been many and grave errors committed by both the legislative and the medical profession—neither having apparently viewed this matter rightly.

Some years since so great a horror was felt by one eminent in the profession, at the thought of "murder of the innocents" in utero, that when writing a book on obstetrics and recognizing the necessity of inducing premature labor in peculiar instances, he chose to pen his directions as to the mode in which it might be done *in the latin language*, that the dangerous secret might not become known to the unprofessional. But such precautions are not made use of by the profession at the present time and in almost every city are to be found those, who, like the notorious Restell, are ready to murder for hire, so long as their victims are concealed in the womb of the mother.

Even in the profession it is supposed there are those who are willing thus to prostitute their professional knowledge to the vilest of purposes; and among some' has this crime been perpetrated so boldly and frequently that many of the more honorable in the professsion have felt themselves called upon to take special action in this regard.

Some months since a physician from the East visited this city and gave one or more lectures, by invitation, before the friends of one of the Medical Colleges in this city. He was on intimate friendly terms with the faculty of that College, and after his return to Brooklyn he published a letter in which he charged upon those with whom he had associated that their conversation led him to suppose that the unlawful murder of unborn infants was a common occurrence with them and a lucrative business. So far as my personal knowledge of the profession of this city has extended I consider the charge a base slander, but as I am not on intimate terms with the members of that faculty I cannot answer for them and I leave them to endure the odium the charge has cast upon them or prove its falsity as they see fit.

But with all the objections which can be urged against the practice when uncalled for, it cannot be denied that in rare cases the safety of the mother will demand the sacrifice of the offspring, and the physician will not be justified in refusing even this extreme means of relief. Still it is the duty of a physician to protect himself and his patient against even the faintest suspicion of wrong and that can always be done if he will but *demand a consultation* and proceed in the case with all the care, deliberation and the precautions a question of life and death demands.

In my opinion it should be established as an axiom that premature labor should never be induced until the nature of the case has been examined by at least *three* physicians and they have unanimously decided that it should be resorted to.

In regard to "the most effectual means," I would refer the querist to the modern works on parturition, or the plan of Mr. Cohen of Hamburgh with the tarwater, or the use of carbonic acid as suggested by Brown-Sequard and tried by Scanzoni, or the method of Dr. Blatchford, or the douch as discussed by the Ohio State Medical Society two years since;—as I conceive all these methods as sure and far more safe than the plan discussed at the last annual meeting of the Ohio State Medical Society.

It is not safe and seldom is it necessary to be in haste in inducing the expulsion. Several days may elapse after the ovum is detached before it is expelled and thus often the sufferings of the patient will be diminished and her danger lessened.

PULMONARY CALCULI.

BY H. ALVORD, M. D.

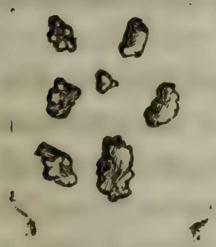
I send you herein specimens of gravel which were expectorated from the lungs of a lady, a patient of mine; I inclose eight specimens reserving three, one of which—somewhat larger than any of these—is broken. The one I send, which is somewhat darker in shade than the rest, was ejected last night after a har dspell of coughing; four more were lost making in all fifteen.

This lady, formerly a resident of this county, now resides in Edgar Co., Illinois. She came here for the purpose, as expressed, of having my advice and attendance for *sore mouth*, saying that complaint was prevalent and the doctors did not seem to relieve it.

I commenced with her on the 17th of May last, the day after her arrival. She had a cough, soreness of the tongue, lips, gums, throat etc.; the parotid and submaxillary glands were enlarged. She had ejected one stone previous to this time. I began cautiously fearing to disturb the system lest symptoms might arise which I could not control, intending to change the blood, etc., by a gradual process. I gave her Tr. Mur. Ferrum 20 drops every two hours in sweetened water, also a toothpowder composed of pulv. chalk and a very small portion of common salt which she was to use often about her teeth and gums. Her mouth improved from the first, and she seemed to be doing well until the 20th—three days—when she had a severe chill, and consequently I find by referring to my books a total change of treatment.

Sulph. Quinia; Gels. Semp.; Tr. Cimicifugia; Pulv. Ip. et. Cyp. Co. were prescribed on the 20th, and this seems to be the main principle of treatment until the 15th of June, using quinia and iron, and non-stimulating tonics; Lobelia Ex. fld. Leptandria, etc., according to circumstances. After the 15th ult. I gave restorative wine bitters until about the 19th ult.; then Syr. Stillingia and Iod. Pot., until the last of July, when I again commenced with Tr. Mur. Fer., but she could only bear 10 drops every two hours. I am now giving this last.

In all this time I gave the medicine only through the day—this I did very actively—but at bed-time let the patient rest until morning and until after breakfast when there was a probability of disturbing the appetite During the first seven or nine days after the chill on the 20th of May, she threw up some eight or nine of the concretions—all of them the smaller ones. They caused considerable hemorrhage, after which they seemed to increase in size with less of hemorrhage and made their appearance less often. The cut in the margin is an accurate representation of some of these.



She has gradually improved in health. Nearly all appearance of humors have ceased. I write from recollection, therefore I cannot give the time when this humor was most troublesome. Among her first symptoms was pain in her right shoulder. This was very persistent—also a pain in her right side between the hip and ribs. Her liver was badly deranged. When that was relieved she still had the pain in the shoulder but this is nearly gone now. During the time when she was spitting these smaller stones, or rather *after* the most of them were ejected, she seemed to have a gush of very offensive matter pass up from her lungs. The nauseous odor was immediately noticed by all in the room and when I was in, sitting by her bed, she spat a small quantity and I noticed it directly. Two or three times she raised this in considerable quantities. Night before last for the first time for a good while she spit some of it. Her appetite is now good; she walks into the kitchen and looks like one who would get well, but I am all the time warning her to be careful. I would rather "look on the dark side" than to have the dark side turn suddenly toward me as is too often the case where severe cases seem to improve fast.

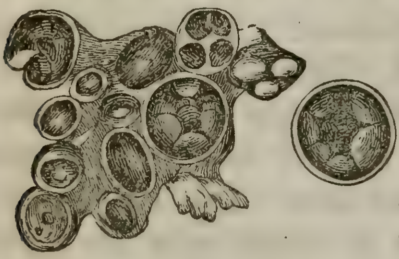
I find it is not common for a person to eject so many hard substances from the lungs and I have been amused to hear the *learned* remarks of doctors respecting these. "Gathering of mucous," etc. I never studied the books respecting these phenomena but I suppose them to be formed by secretions of lime, etc., which have been held in solution by the blood, and their peculiar and varied shapes are owing to the cavity which they each filled or that part of the cavity each filled: that the reason of hemorrhage caused by the passage of the smaller was owing in part to their being farther in the smaller cavities and partly because there was fever and inflammation which was relieved to a great extent before the larger ones passed away.

I have noticed three stones spit up in another case. They were more round, smooth and darker hued. One, the smallest, I think, caused excessive hemorrhage. I did not attend the case.

Now what makes the darker or lighter hue? What the smooth in one patient and jagged in another? Which is most dangerous?

Indeed I would like to see this thing treated of in the College Journal, that excellent work—almost my only hope for a truly scientific medium for the true reform.

Remarks.—Calcarious particles similar to those described by Dr. Alvord have been observed by other pathologists, both in the structure of the lungs and in other parts of the system. Dr. Thompson observed in a patient who died in the Richmond ward of the Brompton Hospital a deposit in the choroid plexus, near its margin, of rounded bodies inclosed in a capsule of loose filamentous tissues.



These bodies were for the most part spherical, a few of them cylindrical and some were studded with minute projections. When they were pressed upon they would break open and assume a wheel-like appearance. They varied from the two thousandth to the two hundred and fiftieth part of an inch in diameter and were composed of phosphate of lime united with organic structure. The drawing represents their appearance under the microscope.

Dr. Quain and Dr. Hughes Bennett, observed similar deposits attached to the tentorium cerebelli. Gleege found them in an ovarian cyst. Lebert and Wagner found them in an eye of a horse and delineated them in plate 11 of their *Physiolgie Pathologique.* Valentine and others have repeatedly observed them in the choroid plexus. Bergmann says they are quite common in the brains of the insane. I found a very large deposit some years since just under the integuments in the lower part of the concha of the ear. The works of Golding Bird, Bence Jones, Todd, Prout and others on the peculiar alkalies which are usually dissolved and carried out of the system in solution in the urine, indicate with more or less clearness the very great value of the class of agents Headland calls *Solvents* in the treatment of

Tuberculosis as well as all forms of deposits in different parts of the system. The researches of the Chemist and the Microscopist are fast developing new, more rational, and consequently more successful methods of treating these formidable diseases than those heretofore in use in the profession and hence we can congratulate the profession on the satisfactory progress of the Scientific and Rational System of Medicine.

Since writing the foregoing remarks I have received two letters from Dr. Alvord which present a few additional particulars in regard to the history of this case, and from which I extract the following: C.

"My patient started for her home in Illinois on the 14th inst.—yesterday morning—since which time I have heard nothing. She still had that wheezing sound while coughing and on the 13th inst., at the time of my morning visit, she handed me two other calculi which she had expectorated since the morning previous. There was no hemorrhage attending their exit. Strength of the system gradually improving; appetite good—not craving; says she does not want it better. Had got so that she could sleep most of the night, good and sweet, yet she seemed for the last week to suffer more from bad feelings through the chest. However, I thought that when she complained of any pains she was more apt to speak of pains in her face and neck and perhaps head, like a person having taken cold in the side of the head. I thought the pains in the chest were occasioned by the very damp weather we had for several days before she started.

When I commenced attending this case and on for some weeks, when sleeping, her eyes would be partially open and there would be strange contortions of the countenance. I did not see the worst of these but after they were somewhat relieved I watched this phenomenon with a good deal of interest. I was almost expecting to see those strange, peculiar and dreaded contractions of the muscles near the mouth which appear so horrid and indicate certain death, though the time of decease may be deferred for days. During the whole time she was here she complained of burning of the hands and feet, yet this symptom gradually became less and indeed for several days she scarcely suffered from it.

My patient returned from Illinois on Saturday evening last and I saw her on yesterday evening. She looks much better; is able to ride and does ride twenty to twenty-six miles in a day; is fatigued, but the long sweet sleep she is blessed with at night restores her again. She has expectorated since she left three stones, which her husband says makes twenty. Her appetite is good; some wheezing or near whistling when she coughs, which is not often."

"ECRASEUR."

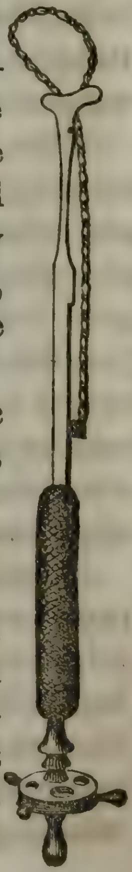
BY PROF. CLEAVELAND.

Sometime since M. Chassaignac introduced this instrument to the profession of Paris, and published a book in which it is described. This work is called "Traite de l'ecrasment lineare." It has five hundred and sixty pages and forty wood-cuts, and gives an account of the *ecraseur* and the origin of its adoption in 1850, as well as reports of a large number of cases in which it has been applied.

The instrument is designed as a sarcotrite or histotrite, or in other words it is designed to separate parts, but without the loss of blood which follows the use of the knife or caustics.

After the introduction of the instrument by M. Chassaignac, it was improved and simplified by M. Luer who had one constructed to act on the same principle but its construction was more perfect than the one first used. These instruments were somewhat complicated and too expensive for general adoption, and more recently M. Charriere the famous surgical instrument maker has devised a simpler, cheaper, and more efficient instrument than either of the former.

The design of all these instruments has been to be able to pass a delicate chain, somewhat like the chain of a watch, or the chain of a chain-saw, around the structure to be divided, and then by tightening the loop of chain which encircles the part, to produce the separation. The instrument devised by M. Charriere is here represented, and as will be perceived the chain can be tightened by the screw which passes through the handle, and which as it turns brings down the knob to which the extremity of the chain is attached and lessens the capacity of the loop, which is designed to surround the pedicle of the structure to be removed.



In the former instruments devised by Luer and Chassaignac the chain was tightened by a rack and pinnon, and there was difficulty in fastening it in its place, in keeping the instruments clean and dry, and in working them easily, readily or speedily.

The *uses* this instrument is designed for are, as has been said to replace the knife and caustics and ligatures in the removal of such parts of the body or morbid growths, where inconvenience or danger might result from the *hemorrhage* which might follow the more common modes of removal. It is designed to prevent a loss of blood in surgical operations.

By the use of this instrument the tongue, the neck of the uterus, and numerous polypi and other structures have been removed, as has been said without the loss of a drop of blood. T. Spenser Wells, who first introduced into England the use of the simple galvanic plates for the cure of old ulcers, says that he has seen it applied for the removal of a part of a tongue, a testicle, and a mammary tumor.

The operation is not as quickly performed as with a knife, but is much more rapid than the use of the ligature, and as it acts directly there is not the danger of gangrene which accompanies the use of the ligature. The *ecraseur* first condenses the tissues, and then divides them regularly without bruising or tearing. On the arteries it acts first to separate the two internal coats which yield before the outer one, and as these coats retract they serve as a plug to close the vessel, and thus prevent hemorrhage. This action of the instrument has heen demonstrated on the carotids of sheep which have been divided without the loss of a drop of blood. In more than an hundred operations for *piles* with this instrument, only one proved fatal.

The instrument causes considerable pain at first unless the patient be under the influence of a general or local anæsthetic, but after the first tightening of the chain the pressure benumbs the nerves so that little or no suffering is endured.

There appears no doubt but this instrument must prove a valuable addition to the surgeon's armamentarium, but it is probable like most things new it has been and will be applied in cases not adapted to its use, and thus it may receive unmerited condemnation.

PROBLEM FOR SOLUTION.

BY PROF. CLEAVELAND.

In accordance with the plan proposed on page 317 of the *Journal* I present another case, which I find detailed in a Medical Journal of this city:

"Mrs. J. This lady is aged 54 years and is of a predominantly nervous temperament.

"I ordered the ordinary doses of podophyllin and leptandrine to be given every three hours till operate. This treatment, aided by enemas was continued some three or four days." "I then ordered them in unusually large doses." * * "Also ordered the use of the syringe often, with powerfully cathartic medicines."

"The whole alimentary tract was in a state of irritation." "Now I ordered the following:

℞ Podophyllin,
Gambogia,
Scammony, āā.,

made into pills, incorporating into each pill two drops ol. crotonis. I ordered two of these every three hours till operation. Four doses were taken aided by enemas." "I ordered,

1—Sinapisms over the stomach.
2.—The continuance of the hot applications to the feet.
3.—The alkaline sponge bath. And
4.—The following:

℞ Lobelia, gr. ss.
Gelsemin, gr. j.
Carbo. Ligni. pulv., grs. ij.
Morphine, gr. $\frac{1}{8}$

This powder was to be given every half hour." "I continued the above treatment about four days, with some amendment forty-eight hours and then she gradually grew worse. In the interum I ordered a strong decoction of polytrychium juniperum in three or four table-spoonful doses, to each dose of which one teaspoonful of *sp. æth. nitrici* was added."

"Now, having done all this, about the ninth day of my attendance and the eleventh of the disease I found my patient must inevitably die unless some *bold* and *decisive* stroke be given. I therefore resolved upon the use of *veratrin*, nothwithstanding I had but little experience with it. I used it thus:

℞ Veratrin, grs. $\frac{1}{8}$
Gelsemin, gr. j.
Morphine, gr. $\frac{1}{8}$

Gave one powder in a little syrup every two hours until the fourth dose. I now diminished the veratrin somewhat still continuing the other agents as before and gave every three hours."

Will the readers of the *Journal* favor me with the *diagnosis* and the result in this case? Although the case is reported briefly all the treatment except a few external applications is given. This case is eminently worthy careful study and a thorough analysis of the treatment employed, both for the purpose of learning the power of various combinations of medicine and the capacity of endurance in the human frame.

FRACTURES OF THE CLAVICLE.

BY PROF. CLEAVELAND.

LAST year the case of a physician who had the misfortune to loose his leg and who suffered great inconvenience from an error in selecting the point for amputation, led me to pen an article on "Where to Amputate the Long Bones."

Recently my attention has been called to Fractures of the Clavicle, and without occupying enough space in the crowded pages of the COLLEGE JOURNAL to present a full treatise on the subject, I have hoped by presenting a few points to be able to contribute somewhat to benefit the profession and humanity. I confine my remarks to a consideration of the *dressing* to be used to keep the bone in place.

VELPEAU says: "Of all the bandages contrived since the time of Hippocrates to the present day to remedy fractures or luxations of the clavicle, scarcely any now remain but the bandage of Dessault and the single scarf. The bandage of Petit, those of Duvernay, Roger, Boettcher, Brasdor and Meslier, the sling of Flammant, the ancient brassiere of Ravaton, and a great many others in no way answering the end proposed, merit the oblivion into which they have fallen."

The bandage of Dessault is no longer scarcely used in France, and the scarf of M. Mayor has been found entirely unsatisfactory and hence VELPEAU has designed a bandage which he thinks will entirely answer the desired intention.

This bandage is a roller eight or ten yards long. The head of it is first applied under the arm-pit of the sound side, from whence it is carried up across the back and over the shoulder to the clavicle that is broken. The hand of the patient of the affected side is then placed upon the accromion of the opposite shoulder and the elbow raised and brought in front of the sternum, while the shoulder of the affected side is pushed *upward*, *backward*, and *outward*. The bandage is then carried down upon the anterior surface of the arm, then outside of it and under the elbow, and brought forward and upward under the sound arm-pit. The bandage is to be carried around the body, over the shoulder and under the elbow as before, three or four times, each turn overlapping the former, covering over the wounded clavicle, the upper part of the chest and the middle portion of the arm. Then the bandage is made to pass around the thorax enclosing the elbow and arm until the whole of the thorax from the waist to the arm-pit, together with the arm and forearm of the wounded side are enclosed, leaving uncovered only the point of the elbow, the wrist and hand, and the shoulder, and the dressing is finished by two or three turns around the affected shoulder, under the point of the elbow, and under the opposite arm. No wedge in the axilla is used.

In 1828 Dr. George Fox introduced into the Philadelphia Hospital a dressing for fractured clavicle consisting of a stuffed ring made of muslin with the opening in the ring large enough to allow it to slip up the arm to the shoulder; a pad about five inches in length, four in width, and two or three inches thick at the base and considerably thiner at the apex; and a sling or cot for the elbow and forearm made of muslin and in form resembling the half of so much of the sleeve of a coat as covers the forearm and elbow. The stuffed ring is slipped on the sound arm quite over the shoulder, the pad is placed in the axilla of the injured side and kept in place by two tapes one in front and one across the back and tied to the ring over the sound shoulder. Then the fore-arm of the afflicted side is flexed, the hand carried to the opposite shoulder and the elbows placed in the sling, which is fastened by tapes near the wrist and near the elbow to the ring on the shoulder.

In 1855 Dr. Bartlett introduced a modification of Fox's apparatus by using in place of the wedge-shaped pad in the axilla, a cylindrical pad four or five inches in length and of the diameter required, and this is kept in place by one tape or strap passing through its center, the ends of which are united upon the opposite shoulder.

In 1847 M. Guilin presented a complicated plan for fixing a pad in the axilla of the afflicted side and carrying the fore-arm and hand *behind the back.* Miller has tried this method and found it satisfactory. Hollingsworth also approves of the same plan of dressing.

Hill has copied from Ferguson the plan of dressing by the "*Figure-of-eight*," and like many other things which he also copied from that author, he has seen fit to abandon his former opinions. In regard to the "figure-of-eight" dressing for fractured clavicle I have no doubt those who depend on it will find with Ferguson, that "fractures of the clavicle will often cause greater trouble than those which are considered of a more serious character, and the utmost pains will not on all occasions suffice to prevent a slight prominence of the inner fragment."

Sir Astley Cooper dressed these accidents by means of *two* padded rings, one for each arm, and they were buckled together across the back, with a small piece of thin board lying upon each scapula; and thus keeping them quiet. The affected arm and elbow were supported by means of a sling passing around the neck.

Some years since Dr. Hunton introduced a dressing which he called his "Yoke Splint," consisting of a yoke-shaped piece of wood hollowed out on the under and front surface and padded so as to fit both shoulders and the neck. The ends extend some inches beyond each shoulder, and from the ends are suspended stuffed straps passing under each axilla and holding the shoulder upward, outward and slightly backward. A handkerchief or other appropriate sling supports the fore-arm and elbow in front of the chest. This apparatus, by those who have used it, is considered superior to all its predecessors for all patients except small children, whose shoulders are apt to become more or less irritated.

Quite recently Dr. Wheedon has introduced an entirely different apparatus which has been tried in the Massachusetts General Hospital and elsewhere and is spoken of in the highest terms. It consists of a *short crutch*, the shank of which is made of two pieces of steel one of which slides up and down upon the other so as to make the shank of the requisite length. At the top of the shank the head is crescent shaped and padded in the form of a wedge with the base upward. The lower part of the shank ends with a wooden foot-piece which is made to rest in a pocket in a broad leather belt, which is worn round the waist.

The apparatus is applied by buckling the belt around the waist with the pocket in front of the anterior superior spinous process of the illium and between that and the symphisis pubis. The foot-piece is then placed in the pocket and the wedge-shaped head of the crutch in the axilla of the injured side, when the shank is lengthened so as to give the requisite elevation to the shoulder. The arm is then drawn over the crescent wedge until the elbow touches the side, where it is confined by a slight roller and the hand supported across the chest in the usual manner.

In the treatment of fracture of the clavicle not only must the shoulder be elevated and carried outward and backward so as to keep the extremities of the fractured bone from overlapping each other, but this position must be maintained for a considerable period of time without any downward pressure over the seat of the fracture, also without unduly confining the chest; but great care must be taken that the brachial plexus of nerves and the brachial artery may not suffer from compression, which if long continued may destroy the usefulness of the limb and cause very great suffering to the patient.

The "figure-of-eight" bandage as recommended by Ferguson and Hill has been found so objectionable as to be seldom used. It confines both shoulders. It compresses the chest. It presses the fractured extremities of the clavicle *down* and thus may cause the clavicle to make a dangerous pressure on the artery and nerve, while the roller which is thrown around the chest is very liable to cause the upper part of the humerus to so press upon the upper and front part of the pad as to compress the axillary plexus of nerves, the axillary artery, or the brachial or medium nerves, which pressure may cause a loss of motion in the thumb and first and second finger with some pain of a neuralgic character in the palm of the hand, accidents which have been known to follow long continued pressure under the use of this dressing.

Hence we find that the American Surgeons who have edited English works have taken special pains to warn their readers against its use, giving usually a description of most of the modes of dressing this injury which have been in vogue during the present century, but usually concluding with a recommendation of Fox's apparatus or some modifications of that celebrated dressing.

DRUITT has been referred to as one who has favored the use of the figure-of-eight and yet his only commendation is that "it is the most common apparatus," while he says that the same objects can be gained by the use of three handkerchiefs, and besides these describes Mr. DUNCAN's broad bandage, the clavicle bandage and the AMESBURYS' apparatus, while his editor, Dr. SARGENT, in this work as well as in ERICHSEN's Surgery, is careful to point out the advantages to be obtained from Fox's dressing.

I well know that good results have followed the use of the figure-of-eight dressing in some cases of the fracture of the clavicle, especially where the fracture has occurred at near the outer extremity of the bone and where the elbow of the patient has been fixed and firm in its place, a proper pad has been placed under the long part of the clavicle, and great care has been taken to keep the upper part of the arm from pressing so as to compress the nerves and produce harm to the delicate structures; but the fact that it does not always produce harm or unfavorable results is no good reason why it should any longer be continued in use.

In conclusion I would advise no one to attempt to practice surgery unless after a thorough study of the present position of the art, and even then to decline the responsibilities until he feels willing to run all the risks attendant upon suits for mal-practice, except at the earnest solicitation of the sufferer and with a guarantee to be freed from all the pains and penalties attendant on accidents and mistakes, as the people cannot be made to understand why those who demand pay for surgical skill should not be made to pay for the damage which may result from the absence for that which usually sells at a high price.

EDITORIAL DEPARTMENT.

MAL-PRACTICE IN THE PROFESSION.

Within a few years past in the Journals and among the profession there has been no small amount of discussion on the subject of professional *mal-practice*, and suits growing out of allegations touching that matter.

Indeed the subject has been considered one of such importance as nearly to have overshadowed all others in the minds of some, and at the last year's meeting of the Ohio State Medical Society the Committee on Surgery devoted their entire report to its consideration, to the exclusion of all matters of improvement and progress and instruction in that interesting branch of the healing art.

From that report we learn some facts, and in it find expressed some opinions upon which we proceed to pen a few comments, not so much from any importance of the Committee or of the Society to which the report was made, as because we suppose others as well as that Committee and Society may have but very loose and vague notions of the position the profession *should* take in regard to these matters in view of their duty both to each other and to humanity.

Probably no well-educated physician will deny that the principles and practice of surgery are now so well established, and the value and utility of its various operations and appliances have been so fully and so frequently discussed that a person of ordinary attainments and intellectual power can, by a proper course of study and instruction, in twelve months become as thoroughly master of the art of surgery and as well fitted for its practice as he can of the science and the practice of medicine in the course of the same number of years.

In the practice of surgery the practitioner has the advantage of the use of his eyes, his hands, and all of his senses in making his diagnosis to a far greater degree than in the practice of medicine. He can see and feel the nature and extent of the disease or injury; and so far as the structure of the parts are involved he has to deal with matters of the nature, locality and relations of which he can usually make himself acquainted by a thorough and systematic course of dissections and post mortem examinations. Although the law does not sanction these dissections they can always be practiced by all students in medicine and surgery, and by a wise provision of the Trustees of our College *must* be pursued before the student can be pronounced qualified to enter upon the practice of his profession.

Usually, where the case requires more than the ordinary amount of observation or acumen in surgery, time can be taken for the consultation of books and authorities, or the advantages of professional advice, and if the operator does not feel fully qualified to take charge of the case he can either obtain farther information himself, call for professional assistance or decline the responsibility. Not so however, with the physician, who must be prepared for all emergencies and act promptly, relying only on his present knowledge even in the most delicate and responsible cases.

For these reasons as well as in justice to humanity no one can be justified in taking charge of a case of surgery unless he is qualified for its management or is willing to prepare himself thoroughly for its duties and responsibilities ; and inasmuch as the people are willing to allow a larger meed of praise and of pay for surgical talent and surgical attention than for medical, it is more incumbent on the candidate for surgical honor and emoluments to be entirely competent to sustain himself with satisfaction to the public and honor to himself.

But the profession have not and do not view this matter as we have done, and from the report of the Committee referred to we learn that during the previous year a large number of practitioners in this State had rendered themselves liable to suits for mal-practice in surgery. They say: "The cases reported with several others not included in the report, were *forced* upon the observation of a single member of your Committee during the past year by parties to the difficulty, who sought testimony or sympathy. During one week, in as many different counties, *four* cases were tried."

After this expose of the lamentable position of the profession the report refers to quite a large number of these cases. In the *first* referred to the physician left the State. In the *second* a compromise was made by the surgeon relinquishing his claim for services and paying one hundred and fifty dollars damage. In the *third* case the doctor relinquished his bill for services and paid one hundred dollars damage and the costs of prosecution. In the *fourth* case the doctor by firmness succeeded in frightening patient from the threatened prosecution. The *fifth* case was unsettled at the time of the report. In the *sixth* case after a long litigation it was finally decided in favor of the surgeon, although the Committee think the surgeon had failed in attending as long as the safety of the patient demanded.

In addition to the above the Committee say: "Several other cases that have occurred within our observation quite equalling in importance any of those given, we are obliged to withhold for different reasons.

One in the county of Hardin resulted in an abandonment of the case by the plaintiff. Of one that occurred in Huron county we have not been able to obtain the particulars. Another that occurred in Coshocton county. * * * A suit was brought and judgment obtained for the sum of twelve hundred dollars."

With this report of the present condition of the public opinion based on the attitude of the profession, it may be well to ascertain exactly where the wrong is as well as its proper remedy.

In regard to most of the trades and arts, it is a well-established axiom in law as well as in public opinion, that the operator must fulfill his implied promise and if he fails from want of skill or attention to the matter he attempts to perform, he must be liable to the damage which follows his failure. No one would expect to take the material and undertake to make a coat and not render himself liable for a want of fit or other failure. No one would undertake to repair a watch and not in like manner place himself under similar obligations for damage. In all crafts and callings, except in what are facetiously called the *learned* professions, the same liability has been submitted to as but an act of justice between the contracting parties and we can see no good reason why the same rule should not hold good with all.

If we ask an opinion of a lawyer, he can if he chooses refrain from giving an opinion, but if the opinion is given and it is the basis of our action, the lawyer and not ourselves as *we* think should bear the responsibility. If we ask an opinion of a physician or surgeon and he gives that opinion the law *has* already established the fact that the surgeon or physician must bear the responsibility of that opinion, and we think that this is but right and just.

We regret exceedingly that the profession should suffer as a profession and that surgeons individually should suffer from these mal-practice suits, but our regrets are not so much at the *fact* as for the *cause* of them.

For years physicians and surgeons have been *asserting* that their profession is a learned and an honorable one, but the code of ethics under which they have endeavored to bind its members has denied them the privilege of *proving* such to be a fact, and hence the minds of the people have been very naturally exercised with no small amount of doubt as to the truth of the allegation, and *they* have no hesitancy in asking those surgeons at whose hands and from whose ignorance or inattention they suppose they have suffered to *prove* that they have done all that the present state of the art of surgery will allow them to do in the case.

The people in many instances look upon the profession as individuals who have banded themselves together to keep their neighbors and employees in ignorance, and are bound to uphold and sustain each other's practice at any hazzard of the good of the people and the cause of humanity and justice. This opinion in regard to the manner in which the profession is viewed by the people is not expressed without thought nor without abundant evidence of its correctness. *Why* such should be the opinion of the people we do not at present propose to discuss to any extent, but we are constrained to admit that occasionally the doings and publications of certain members of the profession must add somewhat to strengthen these by no means flattering conclusions.

Even the sage Committee on Surgery, whose report we have before us, in their endeavor to devise a plan to stay the misfortune of malpractice suits, as we think, have published opinions which when made cognisant to the people must tend to strengthen their prejudices against the profession. In answer to the question of "What course the profession shall take in regard to this matter?" they say:

"The course to be taken is plain. An unfortunate compromise or a successful prosecution is a serious calamity to the profession at large. *Let the profession at large enlist itself in its own protection. Let it be distinctly understood that those individuals immediately implicated are entitled to the sympathy and assistance of as many of their professional brethren as may be necessary* FULLY TO SUSTAIN THEM. AND WHEN IT IS POSSIBLE TO AVOID IT *let not a member of the profession be found in the ranks of the prosecution.*"

It has been said that "there is honor among thieves," but whether the people will apply the same flattering saying to those of our profession who write and publish the proposition here quoted we shall not attempt to determine. For ourselves we are free to admit that in our opinion a more flagrantly dishonorable and unjust proposition has not passed under our notice for a long time, and if "professional dignity" and "professional interests" cannot be sustained without our being obliged to assist those who from their want of knowledge or want of attention have justly rendered themselves liable to prosecution; or if called upon we must either flee from the court or testify falsely as witnesses, we are of the opinion that the "dignity" and "usefulness" of the profession should *not* be sustained. The cost is too great, and however "many of the professional brethren" shall thus unite to "fully sustain" the unfortunate victim of his own ignorance, temerity or neglect, we wish the profession as well as the people to clearly understand *we* enter into no such unholy compact.

Our remedy for the evil is to constantly impress upon the profession, as well as the people, that physicians and surgeons are men possessed with the usual attributes of humanity and like other members of the human family, they must become personally responsible for their sins both of omission and commission, and that while their professional brethren will look upon their sufferings with pity when well deserved and will manfully and stoutly sustain them when in the right—they will never give the slightest countenance or support to the wrong-doer.

It is this absurd attempt on the part of those who have obtained a position in the confidence of the public to prevent all aspirants for similar public favor from pursuing such an honorable and laudible course as shall give the public a clear and full understanding of their true claims upon the confidence and support of that public; this unnatural and stupid attempt to keep the entire profession down to the dead level of the most unqualified and least intellectual of its members, which has in part produced the want of confidence and sympathy of the public toward us which we hear so often lamented and deplored; and if, in addition to all this, we are to be called upon to unite together to *cover up* professional ignorance and incompetency, to shield neglect, to refuse the people justice by giving support and sympathy to those who palm themselves upon the community with ill-founded pretensions of professional attainments and skill; if we are to be asked to absent ourselves from the courts of justice, or give false testimony, as is more than asked of us by this Committee, then are we, indeed, in a deplorable condition, and any other profession should in point of honor and usefulness take precedence of ours.

But we repudiate all these imputations upon the profession and with scorn refuse to be governed by the advice this Committee and Society have offered for our guidance. No kind of professional service, as has been said, commands so great remuneration of either honor or emolument as the practice of surgery, and it is our wish that those who are not fitted for the responsibilities and honors of either surgical or medical practice should be made to feel that both the people and the profession will hold them strictly and watchfully accountable for their professional acts as thus, and as we think, thus only will the rights of all classes be protected. The advice which has been offered us may meet with a favorable response from those who are conscious of needing the protection of others to sustain them where their own errors or follies have betrayed them into difficulty in which they are seeking *sympathy* and *support*, but those who are conscious of knowing and doing what is right will never enter into the proposed unholy contract.

BOOK NOTICES.

Proceedings of the American Association for the Advancement of Science—Tenth Meeting, held at Albany, New York, August, 1856.

Each year this Association has met it has performed a great labor and has done much for the advancement of the objects of its organization. And each year some of the members of the Association have expressed a fear that, like the American Medical Association, it was being more or less controlled by demagogues and used for selfish ends. But in spite of these imperfections the Association is every way worthy the attention of the Scientist and Philanthropist and hence should receive our cordial support, with the hope that what of error is found in its workings will be corrected, and what is of value will be improved.

Among the more important papers, to the medical profession, in the present publication is one on the Laws of Human Mortality by C. F. M'Cay, of South Carolina, one on Vital Statistics by E. B. Elliot, of Boston, one on Acoustics applied to Public Buildings by Prof. Joseph Henry, of Washington, one on Visual Direction by Prof. John Brocklesby, of Hartford, and various articles on Paleontology, Zoology, Philology and Ethnology by some of the most eminent Scientists in the country.

As it is impossible to present our readers with an analysis of all or any considerable number of these papers we must content ourselves with bespeaking their favorable reception of the volume, hoping as the annual publications of the Association meet with an increased circulation, our people will become more and more interested in the sciences and imbued with the spirit of liberality and brotherly love as well as reverence to the Ruler of the universe, which a study of His handiwork must inevitably beget.

An Address on the Life and Character of the late Professor John Locke, M. D. Delivered at the Request of the Cincinnati Medical Society. By M. B. Wright, M. D.

We have been more than usually pleased with this tribute of one fearless man to the memory of another, who all his life dared to think and act in accordance with the dictates of his own judgment and his own conscience. The brevity and biographical character of this Address forbids an analysis of it, and we feel that the best thing that we can do for our readers and its author, is to commend its purchase and perusal by all.

On Diseases of the Skin. By ERASMUS WILSON, F. R. S., Fourth American, from the Fourth and Enlarged London Edition. Philadelphia, Blanchard and Lea. 1857.

IN preparing this *fourth* edition of this very popular work on Diseases of the Skin the author has made many changes in the arrangement of his work as well as some very important additions, hoping thereby to render it as perfect and complete as possible.

Among the more important changes is an entirely new system of *classification*, based on the CAUSES of the disease. There is also added a chapter on the General Pathology and another on the General Therapeutics of Skin Diseases; one on the Furuncular Eruptions; and one on Diseases of the Nails and Nail-follicles. Additions have been made to the chapter on diseases arising from special external causes, by the addition of Malis, Ambustio and Gelatio. Additions have also been made to the chapter on diseases arising from special internal causes, of Scrofuloderma and Elephantiasis. To the chapter on diseases of the Sebiporous Glands there is added a short article on Malignant Tubercle of the Skin. Changes have been made in the chapters treating of Syphilodermata and Syphilitic Eruptions. To this edition is also appended a collection *Selected Formula*, which the experience of the author has taught him are of value and to which he has referred frequently in the body of the book.

From the above statement it will be perceived that important additions have been made until now this work and Wilson's Plates to the Diseases of the Skin or those of Negligan noticed in the COLLEGE JOURNAL, vol. I., p. 193, will serve, if well studied, to make the reader familiar with a class of diseases always disagreeable and sometimes dangerous and difficult of cure.

Manual of Physiology. By WILLIAM SENHOUSE KIRKS, M. D., Fellow of the Royal College of Physicians, etc., etc. A New and Revised American, from the last London, E ition. With Two Hundred Engravings. Philadelphia, Blanchard & Lea. 1857.

THIS work has become so well known to Students and Physicians that it is hardly necessary to do more than simply announce the present edition, except to say that the author and editor have striven to make it a succinct account of the facts and generally admitted principles of Physiology, and as such it will be welcomed by those who do not choose to spare the time requisite to peruse the more elaborate works of Todd and Bowman, of Draper, of Chambers, Carpenter and others. The wood-cut illustrations are clear and satisfactory and the mechanical part is creditable to the publishers.

The Laws of Health; or, Sequel to "The House I live in." By William A. Alcott, M. D. Designed for Families and Schools. Boston, J. P. Jewett & Co. 1857.

Among the earlier moves in this country towards a reform in the practice of medicine were the publication of a Series of Tracts on Physiology, Hygiene and Health, and the establishment of Health Journals for the purpose of educating the *people* in regard to their bodies, as a part of them which they cannot divest themselves of and which they should keep in the highest state of health.

Among the pioneers in this great work the name of Dr. Alcott has always been prominent and perhaps his "House I Live In" has done as much to enlighten the public as any other work published in the English language. That work was designed as a First Book and introduction to farther investigation and instruction and this recent work, as it purports, was designed as a *Sequel* to the former and to carry forward popular knowledge to matters not fully developed in the first work.

It is not necessary to go into an analysis of this book which, indeed, the brief limits of the Journal forbids, but it is proper to say that it is not designed so much to give a particular knowledge of the physical structure as of the *laws* in accordance with which the various organs of the body perform their offices and functions, and of the specific *penalties* which God has annexed to the violation of those laws—to consider men, women and children *as they are* and to teach them how to preserve the health which they have as well as how to cultivate their organs and manufacture more health and physical stamina.

The *style* of the work is simple, plain and easy of comprehension, peculiarly adapted to those for whom the work was designed; and the book, like its predecessor, must prove of great value to those who read and practice in accordance with its teachings.

The Anatomy and Physiology of the Horse; with Anatomical and Questional Illustrations. Containing also a Series of Examinations on Equine Anatomy and Physiology, with Instruction in Reference to Dissection and the Mode of Making Anatomical Preparations. To which is added Glossary of Veterinary Technicalities, Toxicological Charts and Dictionary of Veterinary Science. By George H. Dadd, M. D., V. S., Author of "The Modern Horse Doctor," "Cattle Doctor," etc., etc. Boston, John P. Jewett and Co. 1857.

Some six or seven years since Dr. Dadd published a monthly Magazine devoted to Veterinary art and the advocacy of a higher professional attainment in those who have the care of sick animals. Although the American Veterinary Journal was conducted with talent and skill and had the assistance of some of the best writers and most humane men in the country, it was soon discovered that the practice of Veterinary Medicine and Surgery would never command the high culture and talent its importance and usefulness demands without other efforts towards its elevation than those made through the pages of the Journal.

This fact led the editor of the Journal to write his *Modern Horse Doctor* and his *Cattle Doctor* as well as to advocate the establishment of Veterinary Colleges, where men could be properly educated to fit them for the practice of this important profession. After a time the States of Massachusetts, New York and Pennsylvania were led each to grant a charter for a Veterinary College. In Massachusetts the College has been organized by the selection of a corps of Professors and as noticed in the last No. of the COLLEGE JOURNAL the Third course of Lectures will commence in the Boston Veterinary Institute on the 1st day of September next.

As all Colleges require Text Books Dr. Dadd has endeavored to supply that want, and hence this work on the Anatomy and Physiology of the Horse, a work of near three hundred extra large octavo pages, printed on good white paper and profusely illustrated, and written in the peculiarly happy style of its talented author. Its appearance is very opportune and must prove highly satisfactory.

Principles of Medicine. An Elementary View of the Causes, Nature, Treatment, Diagnosis and Prognosis of Disease. With brief remarks on Hygienics or the Preservation of Health. By CHARLES J. B. WILLIAMS, M. D., F. R. S. A New American, from the Third and Revised London, Edition. Philadelphia: Blanchard & Lea. 1857.

THIS work was among the earliest which endeavored to establish the principles and practice of RATIONAL MEDICINE and although the idea was by no means popular with the profession and publishers, yet the *practical* value of the scientific principles it inculcated made the work so popular that the author had difficulty in preparing succeeding editions often enough to supply the demand.

In the present edition, in addition to former ones, are some valuable contributions on the more recent investigations in Physiology and Animal Chemistry from the pen of R. J. Mann. Also contributions from Mr. George Gulliver on Microscopic investigations into the character and appearance of the blood in inflammations and other diseases, as well as matters the author has derived from the works of Dr. Paget, Dr. Carpenter and Professor Rokitanski. The student in medicine, whether in the schools or engaged in practice, will derive much advantage from a careful perusal of this work.

Report of the Board of Visitors, Trustees, Superintendent, Treasurer and the Building Committee of the New Hampshire Asylum for the Insane. Jan. Session. 1857.

This Sixteenth Annual Report shows the Asylum in a prosperous and highly satisfactory condition, and that the Superintendent, Dr. Tyler, has managed the Asylum with prudence and success. No new ideas in regard to the treatment of insanity are presented and the Institution is pursuing its usual course of usefulness and steady improvement.

A Valedictory Address Delivered to the Graduating Class of the Philadelphia College of Medicine at the Semi-Annual Commencement, July 1, 1857. By William S. Halsey, M. D., Professor of Surgery. Published by the Graduating Class.

In this able production, as in the writings of most modern medical thinkers, is shadowed the hope and the prophecy of the Rational System of Medicine which the speaker thinks will soon present itself "to bring order out of chaos and to reduce to general laws what now seems a confused mass of irreconcilable truths."

MISCELLANY.

ERROR CORRECTED.—BURGE'S FRACTURE APPARATUS.

Very much to our regret, in the make-up of the last number of the Journal, an *omission* occurred in the description of Dr. Burge's Fracture Apparatus which has rendered that description as then presented unsatisfactory and unintelligible. The omission occurs on page 328, in the third line following the cut. The description should read as follows:

"First, then, in general terms, we retain the straight splint of Dessault at its original length—that is, from the crest of the illium to several inches beyond the foot—and make the extension in the usual way, by means of the screw, adhesive plaster * and roller. We discard the hitherto excellent modifications of Physick and Gibson, not only because they confine the chest and prevent that freedom of motion of the upper part of the body which is so essential to the comfort of the patient, but because we obviate the necessity of such confinement by securing the pelvis, as already intimated, against all lateral motion, and also against the possibility of sinking in the bed. In order to prevent the pressure in the groin, we attach the counter-extending pads and straps by one end to a cushioned platform upon which the hips of the patient lie, and by the other, to a transverse horizontal rod, above and in front of the body, while we fix the upper end of the long splint at a point opposite the side of the pelvis and independently of all direct connection with the counter-extending pads or straps. To be a little more explicit, our apparatus (see engravings, figs. 1 and 2), consists of two short mattresses, occupying respectively the upper and lower portions of the bed and also of a central portion, upon which rest the hips of the patient. This central portion is composed of the following parts:

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* The present form of the screw was devised by T. Hewson Bache, M. D., of Philadelphia, while a resident physician in the Pennsylvania Hospital; and the use of the adhesive strap was first proposed by Ellerslie Wallace, M. D., of the same city.—*Brinton's Erichsen.*

1. A firm, but easy hair cushion, upon which the hips of the patient lie. This cushion is secured to a board, one foot wide and two feet long, which lies transversely under the body of the patient. Both the cushion and the board present, at the lower margin, a large V-shaped opening for convenience of defecation; and in order still farther to facilitate this function, the cushioned board is elevated several inches upon a second platform by a strip of board at each end, thus providing a shelf for the bed-pan, which is introduced through an opening formed by withdrawing a section of the lower mattress. Upon the cushioned platform on each side of the cushion, you will observe a rectangular wooden slide. These slides are so arranged as to be seperated or approximated at will, and by a thumb-screw which passes through a fissure in the horizontal portion of each, they may be fixed at the desired point so as exactly to embrace the pelvis of the patient."

PROBLEM FOR SOLUTION.

We have been much pleased with our experiment of publishing the "Problem for Solution," in the last number of the Journal. It has elicited quite a large number of replies and some shrewd *guesses*, some of which came near giving a solution of the problem, but none of them were entirely accurate. Several of our Old School readers have endeavored to *excuse* (none to defend), the treatment. One says: "The physicians of the Old School (at least the most eminent), adopt a stimulating and sustaining plan of treatment in depressed conditions of the system, or fever, pneumonia, erysipelas, etc., as you will find by reference to recent Nos. of Braithwaits's Retrospect.

Many a plan of treatment now in vogue and charged to the Allopathic School is not justly so ascribed. It is simply *antiquated*, this method of proceeding being resorted to by men who have not kept pace with the progress of Medical Science, or men who have never acquired the advantages of a regular Collegiate education. The medical history of such individuals forsooth dubbing them *allopathic*, beginning and ending with some *quassi* distingushed "Preceptor."

This is what we have been laboring to prove for a long time and what our correspondents Dolly, Kent, Barrows, Miller and others, as we think have amply demonstrated. But the extent to which these *antiquated* notions obtain in the profession, even among those who are in our Medical Colleges as pupils and teachers, would no doubt produce no small amount of astonishment in the mind of our liberal and enlightened correspondent, could he but place himself in this city long enough to learn the true state of the case.

But to return to the Problem, the solution is: The man took cold in May, 1856, from washing sheep in a creek before he had completely recovered from an attack of the *mumps*. He had fever with great pain in the head, from all of which he recovered in a few days, except a pain in the head and neck and a wakefulness at night. His habits were good, except he indulged in *masturbation*.

Each one who has written has supposed it impossible that the man could survive the treatment to which he was subjected. In this they are mistaken. The human system can endure a great deal of injury. Instead of being dead, the patient, when last heard from, was in the Pennsylvania Insane Asylum, at Harrisburg, in mind no better and very little hopes are entertained that he will be.

* * *

PROFESSOR MICHAEL VON VISANIK.

We have this month commenced publishing some articles from the pen of this eminent writer, and our readers may be pleased to know that he is a teacher and practitioner of eminence in Vienna; the principal physician in the same Hospital where Carl Rokitanski makes his valuable researches into pathological anatomy.

Both the new Vienna School, to which Visanik is attached, and Rademacher's are opposed to the Old School profession in that city. The self-styled "Regulars" of Vienna are opposed to these schools and yet they are as flourishing as any in Europe, and have connected with them men of the finest education, of good sense, active spirits, who do not labor for money but for the good of humanity.

Viris, Humanitatis amicis, Meritorum de Humanitate Tustis et Sinceris Promotoribus.

INDIA INK—SAILOR'S MARKS.

"By what means can the marks made by India Ink be taken from the persons of Sailors and others?"

The black marks are made by introducing through the cuticle and into the rete mucosum very finely powdered charcoal. For the blue marks, gunpowder and sometimes the prussiate of iron are used. For the red vermillion.

Neither of these pigments can be removed by chemical agents and the only method which will entirely remove the spots is the use of such caustics and solvents as will destroy the cuticle and so much of the rete mucosum and cutis vera as surrounds the pigment. When this is done and the pigment removed, the part may be allowed to granulate and cicatrize, when the stain will disappear but a modification of the cuticle remain to show that the parts have been acted upon.

Note.—We present the preceding and the following article, under the "*Miscellaneous*" department of the Collge Journal this month, because they were received too late to be inserted in their proper place and we do not choose to keep them waiting until the publication of our September number. C.

CASES FOR DIAGNOSIS AND TREATMENT.

Case No. 1.—Mrs. M.; age 52. Stoutly built, dark complexion, dark hair, blue eyes; mother of ten children. Enjoyed fine health from the age of puberty up to the cessation of menses. Menstration ceased at the age of 40. Shortly after she was attacked with pain in the back, on the left side of the spinal column extending from last rib down to hip joint. The pain has irregular exacerbations and remissions, but it never entirely ceases; a burning sensation accompanies the pain, commencing in the left hypchondriac region extending down the left side to near the lymphasis pubis. She is troubled with obstinate constipation; the discharges of urine are very irregular; often very scant and high colored, at which time it deposits a sediment of a muco-purulent character. At other times there is an increased flow of pale urine. The appetite generally good. The pulse about the normal standard.

Case No. 2.—Mr. W.; age 31. Very tall and spare built, sallow complexion, light hair, blue eyes (a merchant). Was quite healthy up to the age of 21. For the last ten years has been troubled with obstinate constipation. Suffers severely with headache, which occurs about once a month; the pain is generally seated in the forehead just above the right eye; the paroxysms last from 12 to 24 hours, and often are so severe as to occasion nausea and vomiting. The urine is scant and high colored. The tongue is always covered with white fur. The appetite very good. He has frequent acid eructatians.

The patient has tried different occupations, but without a cure.

INTEMPERANCE VS. PHTHISIS.

"I THINK it has been stated that an habitual drinker of alcoholic beverages was never known to die of Phthisis Pulmonalis. With this idea I wish to present the fact that last April a Mr. H——, of this place, an Englishman and constant drinker although never a confirmed drunkard, and seldom observably drunk, died with every appearance of tubercular consumption. A Mr. C., also of this place, one of two left of a large family of victims to consumption, has now every appearance of going to the grave from disease of the lungs, and it is a common saying that he is killing himself with strong drink. I present these cases as nuts for those to crack who entertain the opinion that intemperance and pulmonary tuberculosis are incompatible."

A recent writer remarked that "it is wonderful how far a little cheap wisdom will go, when clothed in popular garb!" It is equally wonderful how readily people believe that which they wish to be true. Each of these popular propositions are exemplified in the reasoning of some advocates of the use of the alcoholic liquors as preventives of disease. Like Byron's poetry their statements and reasonings smell strongly of their favorite beverage.

My own observations have accorded with those given by the correspondent. Many instances of the coexistence of pulmonary tubercles and the habitual use of alcohol can be cited. One case in particular of a baker for whom Dr. M. of this city prescribed whisky and cod-liver oil as a prophylactic, and in which phthisis terminated the life of the patient and the happiness of the family, is indellibly impressed upon my memory. That the habitual use of alcohol has been found useful in *some* cases of phthisis will not be denied; but that it has been found as efficacious as its advocates claim, has at least not yet been proven.

Indeed we have strong proof that the habitual use of alcohol frequently acts upon the lymphatic system of vessels and glands in such a way as to *originate* the tuberculosis as well as to hasten its development when the system is already tainted. By *preventing* the changes which are necessary in effete matters to fit them for solution and excretion, they will be retained in the system to be deposited in the lymphatic glandules or glands around which the tubercular deposit is made, which, if continued, in the end will produce death to the inebriate. C.

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ORIGINAL CONTRIBUTIONS.

NATURE AND CAUSES OF ASIATIC CHOLERA.

BY PROF. MICHAEL VON VISANIK.

Translated from the German by T. C. Miller, M. D.

Ever since the first appearance of the epidemic cholera physicians have endeavored to investigate and discover the inner nature and true cause of the disease, that upon the knowledge thus obtained they might base a rational mode of treatment.

But in accordance with the prevailing usages of the profession, the nature and causes of this fell disease have remained unknown and the attempted explanations have been based upon hypotheses and empirical observation and not upon any rational and accurate course of observation and reasoning. Some have explained the etiology as a "*virus*," others as "*humores alienati*," and have contented themselves with these unintelligible abstractions as sufficient to account for the origin and duration of the contagion and disease. But we have recently become dissatisfied with these phrases in place of ideas, and since the researches of the pathologist and the chemist have given us more definite information, the reformatory truths obtained from them have enabled us to penetrate far more profoundly into the true nature of this epidemic.

It would prove fatiguing to the reader for me to enumerate all the various hypotheses which have from time to time obtained in regard to the etiology of cholera, and hence I shall only glance at a few of the more prominent of them as prefatory to the opinions and conclusions to which I have arrived.

It has been observed that fat, and particularly the fats that are to be found in diet where the food has become sour and rancid, will if eaten often produce symptoms very closely analagous to cholera, and from this observation the conclusion has been drawn that the cholera miasm is one produced by a specific decomposition of animal tissues forming a combination of gases similar to those evolved in the decomposition of sausages, and which is known as the *sausage poison.* That this view cannot be correct has become evident to nearly all.

Others have supposed that cholera is caused by what they have been pleased to style the *cholera-mite* a supposed microscopic animalcule diffused in vast quantities through the air, the food and the drink, and that these animalcules are the *potentia nocens* of the disease. The advocates of this hypothesis attack all other opinions and defend their own with great violence, and are very strenuous in the advocacy of what they assert to be the cause of cholera. Among those of this class are many able microscopists, and yet they have neglected to bring forward the only strong and indisputable evidence necessary to establish the accuracy of their deductions. They are unable to bring forward any person who has been so fortunate as ever to have seen this wonderful cholera-mite.

Not a few have directed their attention mainly to the stomach and the intestines and think they find in the vomiting and purging the true explanation of the cause of epidemic cholera; which cause to them is the irritative and congested condition of the alimentary track. On this hypothesis have they based their high estimate of the value of opium and have viewed it as a specific against the disease.

This view of the matter is so superficial and so illy sustained by the symptoms of the disease and the results of treatment that most have abandoned it. All who have had any experience in cholera and its treatment will have observed that the danger of the attack is by no means proportionate to the activity of the vomiting and purging, but that it frequently appears extremely severe and fatal where but little vomiting or purging have occurred. But this class of persons have their attention so closely drawn to their fancied seat of the difficulty that they never perceive these facts and never have the faintest glimpse of the true cause of the disease.

Some also, have considered cholera to be caused by some derangement of the chylopoietic vicera, but the anatomical and autopsical examinations have given no countenance to this conclusion.

The peculiar symptoms manifested in the asphyctic condition of cholera has induced some to suppose that the whole difficulty arose from a weakness or loss of functional power of the nerves, but more especially of the spinal cord ; but the revelations of the dead-house have not confirmed these conclusions and did much to disprove the accuracy of the opinion entertained.

More recently in their search for the seat and origin of cholera physicians have been guided by what they have learned in regard to the blood, its changes and decompositions, and they have observed that in cholera there is a partial decomposition of the blood, with contemporaneous alteration in the walls of the capillaries by means of which the *serum sanguinis* in large quantities passes through their walls, or is poured directly into the stomach and intestines, leading to the profuse vomiting and purging by which this serum is removed entirely beyond the organism. This decomposition of the blood and the outflow of its watery portions is often produced with wonderful rapidity—while the more solid portions, as the red-corpuscles, is retained in the vessels, and thus the fluid is rendered thick, dark and very liable to stagnation, to clog up and produce congestion of the vessels. The thick blood also stagnates in the vessels of the skin, and causes the blue appearance nearly always observed in that tissue. In the larger veins, and in the brain, in the liver, and the spleen, and the lungs this stasis also occurs, and hence the difficulty of breathing, the deafness, the aphonia, the thirst, the scanty urine, the coldness and numbness, that accompanies this disease.

Although this explanation is in accordance with the observations of the profession, yet it may not satisfy all, for many deny that any explanation can be given which shall prove satisfactory, and they desire to know how it is, if the blood is realy separated, that a part of the serum is not thrown into the cellular tissue, and not the whole of it poured into the alimentary canal, or through the skin in profuse perspiration. Why are not the pleural and abdominal cavities filled with this fluid ? why is the patient not attacked with hydro-thorax and anasarca ? are questions urged against this opinion.

There can be no doubt but the nerves which supply the vital force to the walls of the blood-vessels are impaired during an attack of cholera but those who entertained the opinion that the nervous power is diminished, are divided as to which is the *prime* cause of the difficulty, one class supposing the atony of the vessels and the consequent out-flux of the fluid impairs the nerves, while the other supposes that a poison has been introduced into the system which acting directly on the brain thus lessens the nerve power, and the loss of that power leads to the atony of the blood-vessels and consequent exhalation of the serum.

There seems to be *three* principle classes of opinions as to the primal nature of cholera. 1st. A primary poisoning of the blood. 2nd. A primary affection of the nerves. 3d. A primary local affection of the alimentary canal.

From what has been said, we may perhaps draw the conclusion, that cholera, like other epidemics, as scarlatina, measles, intermittent fever, typhus fever, influenza, etc., owes its origin to a cause having a uniform origin, or at least a uniform character, while, as in the other instances, as to its peculiar nature, we may be entirely ignorant. Many physicians have striven hard to learn the exact nature and character of this morbific agent, and yet they have acknowledged a want of success.

With others, I too, have tried to solve this mystery and having had an opportunity of observing personally more than two thousand cases of cholera in different epidemics, I am led to present the following observations.

Cholera does not appear every where and at all times to possess precisely the same characteristics. At one time it will appear mild and very easily cured. But this slight form only appears in those persons whose systems appear to have but a slight *disposition* for the disease, and hence it cannot exert as powerful an influence upon such as it does upon those who are more predisposed to its attacks, and the disease will take the *form of cholera periculosa exquisita.*

Most of those who are disposed to inflammatory disease seem also disposed to receive cholera, and hence the two diseases are often met with in company. In "*cholera febrilis*" there are several congestions of the head, the lungs, or heart, in conjunction with the more ordinary symptoms of cholera. In persons who have a predominating disposition to vomit, the cholera will commence with vomiting, while with those who are disposed to looseness of the bowels, it will commence with a diarrhœa, while with those who are predisposed to the cholera, and at the same time their nervous and arterial systems are equally susceptible, the disease will take the form of *cholera fulminitisima asphyctica.*

Climate exercises upon any prevailing disease a powerful influence. This is manifested in epidemic cholera. In some countries and climates, it appears as *cholera febrilis*, with intense congestions ; in others as *cholera spasmodica;* while in other climates, vomiting and purging are the most prominent features of the disease.

It is also important, in the investigation of the cause of cholera, to learn to distinguish between the genuine cholera and other forms of disease, as well as to decide what results are produced from cholera and what from other causes, and it is only those who have had considerable experience in this disease who can always make this distinction.

The pathologico-anatomical, and the pathologico-chemical results of the disease contribute largely to the knowledge requisite to determine the cause and nature of it, and they therefore must never be neglected or overlooked. The post-mortem examinations and the examinations of the secretions and excretions must be made, particularly the secretions and excretions of the liver, the spleen, the kidneys, the stomach, and the intestines, but more particularly the excretions of the kidneys, and on the results of these examinations may we base our own view of the nature and cause, as well as of the treatment of the diseases.

During the last epidemic the post-mortem examinations have furnished in general and in particular, the same results as those obtained during former epidemics. The skin of those who died of the disease has been cyanotic, or blue colored, particularly the skin over the extremities. The vessels in the sinuses and meninges of the brain have contained much thick dark blood. The inner meninges have been congested, with ecchymoses. The brain itself has been firm, and on intersection has disclosed similar ecchymoses in its substance. The pleura and pericardium, and all the serous membranes have a slippery feeling, showing a separation of the delicate lining from the subjacent parts, and covered with a glutenous albuminoid fluid. The lungs are dry and of a clear red, and bloodless. The heart, particularly the left ventricle has been drawn up, and in it and in the large vessels we have found a thick black, tarry blood possessing little or no power of coagulation. The liver is pale, and the gall-bladder filled with much dark bile. The spleen is usually enlarged, dark red-brown, and its enveloping membrane thrown into wrinkles. The stomach and intestines are filled up with a rice-watery, or a bloody colored fluid, with the mucus membrane of the stomach swollen and injected. The epithelium of the intestines in nearly the whole extent is dead, and rubbed off; the mucus membrane red, and the follicles swollen. The kidneys in most instances presented distinctly the changes which are found in the disease known as *morbus Brightii.* This changed condition was particularly found in those who had died of that form of cholera known as the *cholera-typhus.* The bladder was found contracted and empty.

In addition to the changes here specified others were noted but they were supposed to be caused by the presence of some other modifying disease, and hence not attributable to the cholera and not to be accounted as a pathological result of the epidemic.

Pathologico-chemically, it was found that the blood was relatively and absolutely poorer, or more deficient in water, having an appearance resembling mud.

It was also quite deficient in alkalinity, particularly in the tripple phosphates, and the carbonate of soda. There was also often a deficiency of the carbonate of ammonia which it is well known has equal power to influence the coagulability of the blood and the integrity of the red corpuscles.

In all instances it was found that the cholera blood chemically was closely allied to putrescent blood, and readily made to undergo the putrefactive ferment, far more easily than healthy blood.

The evacuations were all found to be rich in water, and in the alkalinity of which the blood was deficient, particularly the tripple phosphates and the carbonate of soda, while they contained but a trace of albumen. Occasionally in the bladder would there be found a little of the blue coloring matter mixed with chlorides and the earthy phosphates, while under the microscope could be discerned in the sediment the tuff cylinders and the epithelium which had been discharged from the lining of Bellini's small urin-ducts.

The secretions from other parts of the body have not been as carefully examined as they should be, but thus far have furnished only negative results.

If now we consider the changes produced in cholera as here described are not always uniform, or of an equally marked character, but that they depend upon the force of different influences—that epidemic cholera not unfrequently occurs with entire absence of vomiting or purging, but with an extraordinary amount of prespiratoy exudation, or with spams that speedily cause death—that in spasmodic cholera the anti-spasmodics are generally found useful—that not a few cholera patients die from want of what is called reaction, even where there was no appearance of decomposition of the blood or deprivation of serum in the blood vessels, we must come to the conclusion that the first impression of the cause of cholera is sometimes made upon the blood and at other times upon the nervous system, while in more rare instances it may impress both the blood and the nerves at the same time.

The question as to why the serum or watery portion of the blood should escape into the stomach and bowels to produce the rice-water discharges may be answered by referring to the inevitable result of severe congestion of the lymphatics, as is also shown in the pouring out the serum upon the surface of the skin in the excessive perspiration which is sometimes present.

The serum of the blood dissolves the epithelial cells of the alimentary canal and these dissolved and partially dissolved cells are what gives to the fluid its peculiar or ricy appearance.

Is the cholera miasm, or *sui generis*, independent of the miasms which produce other epidemic diseases?

Many physicians and natural philosophers have held that the cholera miasm is but the product of the receding of some other form of disease or rather a modification of a miasm which had produced some other form of disease, and they have endeavored to sustain this position by referring to the fact that an epidemic of cholera is usually preceded by an epidemic of a different character. Others have considered that it possesses an individual and independent character, unaltered by changes and unaffected by climates, everywhere acting upon the alimentary canal and on which, therefore, it must make its first impression.

Those who entertain this latter view consider the cholera miasm a peculiar miasm, and call the cholera epidemic *the epidemic of epidemics* or the producer of epidemics, and the cholera miasm the miasm of miasms, or the producer of miasms.

As has before been remarked, all miasms which produce epidemic diseases have somewhat in common, but each also has something peculiar or specific, and hence while the cholera has many characteristics manifested in other epidemics, that it has an individuality of character and an individuality of cause cannot well be denied.

The common characteristics which we observe in epidemics arise from the fact that all miasms are of telluric and atmospheric origin, and that all miasms in course of time have their power and influence modified and changed. Yet they all nevertheless manifest essential peculiarities of character and produce by a specific process each its own individual disease. For instance, one miasm will produce scarlet fever, another measles, and another cholera. If there is none of the specific miasm there will be no measles, or no cholera, as the case may be. Neither can one miasm produce another disease, for measles never produced cholera, or cholera measles, or anything else but cholera.

This is the necessary result of the peculiar and specific character of each individual miasm which possesses its own specific power and disposition. "*Quod libet miasma proprium generationes suae typum in agendo sequitur.*"

In this as in every branch of the natural sciences, the conclusions adopted may prove so clearly the hypothesis to be correct that it ceases to be simply a hypothesis but may claim to be classed as an established scientific truth. As in the natural sciences, so in medicine, the inquirer after truth must at times adopt a hypothesis for the explanation of the phenomena which he observes; and in this instance the explanation which the hypothesis of a cholera miasm gives to the phenomena of the disease comes near proving that to be the true origin of the epidemic.

So also the later advances made in the science of chemistry have nearly proved the cholera miasm to be a reality and not merely a hypothesis. Dr. Horn of Munich, obtained from the atmosphere *Ozone*, or a negative electric body, and another body, *Todsomone*, which has been found to combine in the body with carbon and by the combination to produce effects upon the structures very similar to the effects produced under similar circumstances by the cholera miasm. I would not assert that these discoveries prove beyond cavil that the cholera miasm is Todsomone, but this much is certain that we may feel sure that observation will establish many practical truths by accepting this hypothesis, and will also stamp upon it the seal of truth.

Does the cholera miasm, as many suppose, make its direct impression upon the stomach and intestines?

The circumstance that the first symptoms of cholera are vomiting and purging, and other indications of derangement of the alimentary canal goes to favor the idea that the mucus membrane of the prima vie is the point at which the reception of the miasm first occurs and from which it progresses farther into the organism. In opposition to this idea is the fact that *spasmodic* cholera, as was observed in thousands of cases in the epidemic of 1831, frequently destroys the patient before vomiting or purging presents itself; and also the processes of vomiting and purging removes from the system a large amount of fluid which chemical researches have proved to be changed blood serum, thus proving conclusively that the vomiting and the purging are *secondary*, and sequela to the primary changes which had occurred in the fluids. So also is shown that the cholera miasm must have impressed several parts of the system and not alone the alimentary canal. The nervous system, the blood, the lungs, and the ganglionic system all bear evidence of the presence of the cholera miasm, and that it must come in contact with all these structures.

Neither may we loose sight of the fact that cholera has often been produced by what is styled the *contagium psychicum.* It is a well-established fact that many die through a fear of the disease, and particularly through the influence of the sight of a cholera case upon an impressible person. Many doubtless are thus led to suffer from the epidemic who otherwise would have entirely escaped it.

With regard to which is first acted upon, the blood or the nervous system, I think the true answer is that in this regard there is a great diversity in the different cases, but that in many cases both the blood and the nerves are simultaneously impressed.

Has the cholera miasm and the Asiatic cholera undergone any alterations in its original nature and character in its transit? Does it always present forerunners of epidemics? Has it always also been followed by other forms of epidemic disease as it has passed away?

The cholera miasm has certainly *not* undergone any change but remains ever the same in nature and quality as when it started from the Punjaub as is shown by the unaltered and specific character of the epidemic in all climes and seasons, without any regard to the state of the weather, uninfluenced by heat or cold, or dryness or moisture. But no one will deny that the cholera miasm and consequently the disease which it produces does loose from time to time a part of its potency and assume a more mild and manageable form, for the history of its various epidemics has fully established these facts. But the succeeding epidemic is found to equal in intensity any former, and the one of the year 1855 in the month of May, was more intense and destructive than any which had preceded it.

In most instances preceding an epidemic of cholera, other epidemics have been observed as preceding this, as intermittents, diarrhœa, dysentery. So also after the epidemic of cholera has passed by, have epidemic forms of disease appeared, as typhus, influenza, etc. These observations have led to the opinion that the preceding diseases might be considered as the forebodings of cholera, and the succeeding as the sequelæ of the disease.

I have already pointed out the common sources from which all miasms arise and hence the connections of these various forms of epidemic diseases can be explained without our concluding there is anything more in common with these miasms than simply a relationship of origin.

[TO BE CONTINUED.]

OBSERVATIONS ON THE USES OF SANGUINARIA CANADENSIS.

BY ABR'M. LIVEZEY, A. M., M. D.

In several medical journals I have taken the liberty to call the attention of the profession to some of the uses of our indigenous medicinal plants, and in the present communication I beg leave to offer some remarks upon the medicinal value of the Sanguinaria—a plant incident to all localities and the root of which is easily gathered.

Without prejudice to the use of any other article I feel warranted in saying, from no little experience, that this plant with the aid of podophyllin will exert a more happy influence in all hepatic derangements—both as a cholagogue purgative and as an alterative—than any combination of calomel.

Possessing undoubted nauseant, sedative and alterative properties, blood-root will in cases of slight inflammation of the biliary organs, or congestive states of the same, or where a species of spasmodic action pervades those structures, give prompt relief; and where torpidity exists and the physician thinks that the stimulant action of some mercurial is indicated he need only combine a minute portion of the podophyllin to obtain all the advantages that are supposed to be derived from calomel.

Sanguinaria gives a decided aid to the action of podophyllin or any other cathartic to which it is added. It is, in the form of tincture, an alterative expectorant in chronic bronchitis. It is valuable in chronic hepatitis combined with ext. taraxicum and ext. podophyllum, jalap or rhei, if obstinate constipation exists. Tinct. Sanguinaria can with advantage be substituted for wine of antimony in the *brown mixture* and wherever the wine of antimony is used. As a substitute for the compound cathartic pill the following combination—already published will generally prove more satisfactory:

℞. Podophyllin, gr. i.,
Leptandrin, " iv.,
Sanguinaria, " ii.,
Ext. Taraxicum, q. s. Misce. ft. pil. No. iv.

Two or three for a cathartic; ½ to a whole one night and morning as a hepatic alterative.

A graduate student of mine, Dr. Rice, late resident physician in the W. C. Infirmary of Philadelphia, had a case of obstinate constipation which had persisted four weeks—so said the patient, an Irish woman, when she presented herself at the clinic—and in twelve hours time she had a free alvine evacuation from the use of Sanguinaria, well triturated with white sugar and given in small doses every two hours. Dr. R. is fully persuaded that blood-root is an admirable adjuvant in all prescriptions for the restoration of healthful function in the liver, and especially when constipation is coincident.

Note.—Perhaps no indigenous plant has attracted more attention from those physicians who are accustomed to notice the living specimens of materia medica as they spring up in the woods and fields than the one under consideration. The early appearance of its beautiful and pure blossom, the dark blood-color of its fleshy root, its marked taste and its prompt action on the system all lead to its obtaining the attention which has been bestowed upon it.

A trial of its therapeutic virtues has led those who have made use of it to speak of it in the highest terms of praise and to earnestly recommend it to the favorable notice of the profession, and yet, strangely, it has never obtained that prominent position in the list of medicines all its advocates think it deserves.

Nearly every writer on Botany and Materia Medica in our country has delighted to give a full description of this plant and to speak highly in praise of its beauty and usefulness. Among the earlier writers who have made mention of it Dr. Shoepf says that fifteen or twenty grains of the pulverized root will produce powerful emesis, but that it must not be given in the form of a powder as thus it is apt to produce great irritation of the fauces. He prefers a decoction or the pill form. Merat says it is useful in gonorrhœa. Shoepf also mentioned the value of a weak decoction of the root in gonorrhœa and refers to the fact that Colden had found it useful in jaundice. In doses sufficient to produce emesis it was found to dislodge worms from the stomach. Thatcher, in his Dispensatory, speaks of the use made of it by Dr. Dexter in doses of one grain of the powder or ten drops of the saturated tincture, as a stimulant and diaphoretic. Dr. Downy was of the opinion that the dose as recommended by Drs. Shoepf and Colden was larger than could be administered with safety. In speaking of the value of the root in jaundice Dr. Thatcher says it was believed to be the chief ingredient of the quack medicine known as *Rawson's Bitters.*

The younger Barton thinks that the only form in which the blood-root should be used is that of a spirituous tincture. In this form he used it in connection with the tincture of bitter-plants as a tonic with great satisfaction. He also found it useful as a wash for old indolent ulcers and sores with hardened edges and an ichorous discharge. He had also used the powdered root as an application to fungoid growths and nasal polypi. Bigelow, and Dr. Smith also used it for the same purpose. So also Dr. Shanks and Dr. Israel Sterling, according to Thatcher, used it in place of digitalis in coughs and pneumonic complaints. Dr. Darwin has used it in peripneumonia trachealis in the form of a decoction and from the benefit thence derived Dr. Barton thought it must be a useful medicine, particularly in cynanche maligna, in cynanche trachealis and other similar affections.

Drs. Barton and Downy said that the *leaves* of the puccoon as well as the seeds are possessed of a *narcotic* power similar to that of the seeds of the stramonium and that they had produced dangerous symptoms.

In 1831 Daniel B. Smith published in the *Journal of the Philadelphia College of Pharmacy* a dissertation on this plant, in which he gives its natural and botanical history and speaks of the experiments made by Dr. Dana on the root in 1824, when the *Sanguinarina* was probably first obtained.

Dr. Tully has carefully examined the medicinal powers of blood-root and thinks it is therapeutically allied to squills, seneca, digitalis, guaiacum and ammoniacum.

More recently Dr. Williams, formerly of Massachusetts but now of Illinois, has written several valuable essays on the Sanguinaria, but unfortunately I have lost the reference to them and I only remember that he considered it one of the most valuable if not the most valuable of all the North American plants.

Dr. Thom of Ohio, in a communication to the *Western Journal*, says that for two years he had been closely engaged in observing the effects of this remedy in various diseases and he concludes that it is a *sedative* of no ordinary powers. For reducing the force and frequency of the pulse without prostrating the system he considered it one of the most efficient remedies. He also styled it an *alterative* with a marked influence on the liver and the glandular system generally. He employed it in hemorrhage from the lungs, particularly in those cases where the hemorrhage appeared to be caused by vicarious menstruation, and considered it of more value than any other agent he had used.

Dr. M'Bride in the *South. Jour. of Med.* said he considered this plant eminently serviceable in those disorders of the liver where the secretion of the bile is either suppressed, deficient or vitiated. In imperfect convalescence after bilious fever he says, "the puccoon is the best remedy." As an emmenagogue he thought highly of it. He recommended it as a substitute for mercury.

Dr. J. L. Mothershead used it in dyspepsia in the form of pills, giving from one to three grains at a dose three times a day. In troublesome cough he found it valuable. He also used it satisfactorily in tinea capitis, tetter and other forms of skin disease in the form of powder or strong tincture on the affected part. He said: "Of all the articles in the Materia Medica, next to mercury and its preparations, none in my opinion can compare with it in its powers to excite the action of the liver, and it has the advantage of the former in its capability of being used at all times and continued without producing any of its unpleasant results."

Dr. Bard in his Inaugural Dissertation confirmed the statement of Dr. Downey in regard to the narcotic effect of the seeds and speaks of using the root in croup, pneumonia, whooping-cough, phthisis and jaundice. Dr. J. Allen of New York, says it powerfully promotes diaphoresis in inflammatory rheumatism. Dr. Downy says that the leaves are used in veterinary practice in Maryland for the purpose of facilitating the shedding of the hair of animals. Dr. Griffeths has also given it to horses for the cure of bots, one or two roots serving to produce a cure.

Dr. Branch, of South Carolina, thinks a decoction of the root of more value than any other single remedy in croup. He denies that it is possessed of any poisonous properties.

I have not been able to obtain the Inaugural Dissertation of Dr. Henry West, of Belmont Co., Ohio, upon the use and value of this agent, but evidently he must have placed a high value upon it to make it the subject of his remarks.

Recently Dr. J. W. Fell has been permitted to make a trial of his mode of treating cancer on the patients of the Middlesex Hospital of London and as he had not previously made known the agents he had used the *London Lancet* condemned the secrecy which had governed him, and finally Dr. Fell was led to publish a work on Cancer and its Treatment in which he said he had used the "bruised bloody pulp of the white-flowering puccoon."

The formula used by Dr. Fell differs from the chloride of zinc paste of Dr. Papengurth and Prof. Hancke of Breslau and Dr. Canquoine of Paris, from the addition of the blood-root to the ingredients used by these surgeons in the treatment of cancer. The formula is as follows:

℞. Sanguinaria Canad., ʒss, vel ʒj.,
Zinci Chlorid., ʒss, vel ʒij.,
Aqua, fʒij.,
Tritic. Hybern. Sem. pulv., q. s.

M. f. paste as thick as treacle and apply to the cancer.

For years this has been a popular remedy for the purpose of destroying granulations and other morbid growths, and it is more than probable the blood-root which has been added to various ointments and applications which have been used upon cancerous affections has done much toward effecting the cure.

A reference to the use of blood-root in the cure of cancer is now causing considerable discussion in various sections of the country, particularly in New England, and where much is being said in regard to who was the physician who first used it for the cure of cancer. My own opinion is that it was in use by the people and the *country* physicians long before we have any record of its being thus applied.

From the very imperfect abstract here given of a few of the articles that have been published in our periodicals on the use of this root, we are warranted in drawing the conclusion that it is a very valuable medicine and should be introduced into more general use. But doubtless one reason for its neglect is the fact that the root rapidly looses its value by age and if kept more than one year may become nearly worthless.

The tincture and other preparations should be made from the root as soon as possible after it is gathered and not from the old and nearly worthless specimens usually sold by druggists.

In regard to the preparations sold under the names of *Sanguinarin* and *Sanguinarina*, although I have had frequent letters of inquiry addressed to me, I cannot give any satisfactory answer. I have no means of knowing what these preparations are or how manufactured, and of those who have used them I have never been able to obtain any evidence of their character or value as therapeutic agents, but a friend of mine who has manufactured these articles and sold them in considerable quantities has told me, that as the result of his own observations and the observations of those of the profession who had bought and used them, he was fully convinced they were of even less value than the pulverized root. I consider it a duty I owe to the readers of the Journal to present these facts.

If those who manufacture these agents would let us know enough about them to warrant us in making a trial of them, and if those who have used them would carefully observe their action and notify us of the result, soon the readers of the Journal would be in the possession of the required information. In the present state of the case the only answer I can give is that I have never used them and know nothing positive about them. C.

EXTRACTUM NICOTIANIÆ RADEMACHERI.

BY THEODORE C. MILLER, M. D.

I HEREWITH present a notice of an agent which to me is possessed of extreme value. It is the *extract of the Nicotiania rustica*, as prepared by the late Dr. T. G. Rademacher.

It is not prepared from the dry but from the fresh and green tobacco plant. In preparing the extract it is necessary that *immediately* and without delay, after the leaves have been pulled they must be pressed so as to force out the juice and that juice evaporated to the consistency of an extract. When prepared in this manner the extract has none of the taste of the dried tobacco leaves; but if the leaves are pulled only a few hours before the juice is expressed, then the extract will have a taste more or less like that of smoking tobacco, in which case it is not fit for therapeutical purposes. I have always found it best to have the leaves pressed at once on being pulled; and I have always prepared it according to the directions of Rademacher, from the Nicotiania rustica, and not from the Nicotiania tabacum. Rademacher's extract is one of the best remedies in genuine cough of the lungs, and for that I can with a clear conscience recommend it to the readers of the COLLEGE JOURNAL. It is a remedy for which probably I could not find a substitute.

Rademacher gave it in doses of from one half to two grains, and repeated it several times a day. It may be made into a pill with the powdered marsh mallow root. It is a quick and safe remedy in a particular diseased condition of the lungs for which I am not able to give a name, but the want of the *name* is no loss to the practical physician, who must be governed by the nature of the disease and not by its nomenclature.

That we can, with the extract of the fresh leaves of tobacco, cure an inveterate genuine lung cough, and thus prevent pulmonary tuberculosis, in my mind does not admit of a doubt, provided the cough is kept under the control of the remedy. But there are forms of lung cough which this extract will not control, and in those cases I would recommend a trial of the *Stibium Sulphuretum Auranticum*, as mentioned in the COLLEGE JOURNAL for June, page 351. Rademacher truly says: "In general we must be guided in our minds in the practice of our art, by the following fact: The diseases are not governed or changed in character by the ideas and opinions of the physician, but the opinion of the physician must be governed by the nature of the disease."

That the extract of tobacco has a powerful controlling influence over the genuine lung cough, serves as a diagnostic as to the real nature of the disease. If the cough originates from the lungs it will be benefitted by the extract, while if it owes its origin to a disease of some other part of the system, the extract may fail of benefitting the patient. But there may be coughs which in reality are caused by some diseases of the lungs, and yet the extract may not prove beneficial. For instance, a cough may be caused by a node, or from a closed or an open abscess in the lungs, or from the pressure of a fractured rib upon the pulmonary tissue and yet the extract would not produce a cure. The extract has a favorable influence upon idiopathic but not on secondary coughs. With opium we can often relieve secondary or sympathetic coughs. We do not with that agent obtain a cure, but we do obtain relief from the cough, and moderate it or pacify it. The extract of tobacco is not as active as opium to *allay* a cough, but far more powerful to cure it when of the genuine lung origin.

IDIOPATHIC BLEEDING OF THE LUNGS. When I speak of bleeding of the lungs I mean to be understood that form of the disease which is commonly called *spitting of blood*, where a greater or less quantity of clear blood, or blood mixed with phlegm, or phlegm streaked with blood, will be raised from the lungs. The extract is valuable in these cases, but may not be depended upon in *Pneumorrhagia, or Apoplexia pulmonalis*, in which latter form of disease we must resort to the use of allum and ice internally and cold wet cloths to the surface of the chest, and to other appropriate remedial measures.

I would here remark that this preparation will not produce the vomiting and purging which follows the administration of the dry tobacco, and I have never used the dry tobacco as an emetic or an injection, as I find the Lobelia inflata an equally efficient remedy.

I was called a few days since to see a patient where many other remedies had been tried by three eminent physicians who had attended on the case, without avail. The patient had been sick quite a length of time but owing to my recent illness and the distance from me I could not treat it. The case presented the characteristics of consumption, a harrassing cough, with bloody sputa, etc. As I was unable to visit the patient I was consulted by letter, and had ordered inhalations, and directed the Wild Cherry, Lycopus Virginicus, and Lobelia combined with Ipecacuanha, without benefit. I used the Lobelia, from having found it of great value in cramps and affections of the chest, and particularly in phthisis pulmonalis. For these purposes, and to relieve the dry harrassing cough and tickling of the throat, it is in use by many German physicians.

As I was at the time out of the extract of tobacco I made a trial of the Lobelia, but I obtained some from my brother and about two weeks since I commenced its use. In six days the cough and the expectoration entirely ceased. I have since visited the patient and although the symptoms are so much relieved, auscultation does not promise much for the final recovery of the patient. Too many persons had prescribed, and the lungs are too much diseased to allow much hopes of a permanent cure; but this case illustrates the power of the agent.

I am the more urgent to induce the profession to make a trial of this extract, as I think it is nearly or quite unknown to the physicians in this country.

AQUA NICOTIANÆ TABACUM SPIRITUOSÆ RADAMACHERI.

This preparation is recommended highly in affections of the brain accompanying fever, in *rheumatismus acutus fixus at vagus*, in other affections of the brain and spinal marrow, in cholera morbus, and in cholera Asiatica.

To prepare it: Take of choice fresh green leaves of Nicotianæ tabacum eight pounds, and cut them finely. Add of the best alcohol, by weight one and a half pounds, of distilled water as much as is necessary to distill over eight pounds (by weight) of the water.

The leaves are to be cut and the distillation effected immediately after they are pulled, with great care that there shall be no over-heating of the liquid, as, if the liquor be over heated it will have a very disagreeable odor of tobacco, which it does not have when the water is properly prepared.

Rademacher uses this water in every stage of the Asiatic cholera. In the earlier stages he gave the following:

℞. Aqua Puræ, f ℥ vij.,
Soda Acet., ʒ jss.,
Aqua Nicotian., f ℥ j.,
Gumi Arab., ℥ ss.

M. Dose, one table-spoonful every hour.

The great majority of cases treated with this mixture recovered immediately from the attack. In those cases where the attack was followed with a typhoid condition, he gave:

℞. Tinct. Ferri Acetici, f ℥ j.,
Aqua Nicotian., f ℥ j.,
Aqua Puræ, f ℥ vj.,
Gumi Arabici, ℥ .

M. Dose, one tea-spoonful every hour.

With this treatment the patients all recovered after a longer or shorter period.

Note.—The formula for preparing the acetic tincture of iron is to be found on page 351 of the College Journal.

PLEURITIS, LATANT.

BY C. E. WITHAM, M. D.

Pleuritis is a disease which often presents obscure, important and interesting complications, taxing the utmost skill of the experienced physician in tracing the precise bearing and extent of the morbid action established.

The heart, lungs, bronchia and liver are often implicated in this disease. Asthenic pneumonia, and chronic and latent pleuritis have many common symptoms. It is stated that pleuritis is more prone to produce tubercular disease than pneumonia is, and it is thought by some authors that the absorption of pus into the blood may explain this rather singular fact. In the treatment of disease our object should be to remove morbid action by the most simple and effectual treatment the case will admit of. If the following report should be the means of stimulating the young practitioner to a more thorough study of thoracic diseases I shall be amply rewarded.

On the 11th of June, 1856, F. W., a lad 14 years of age was presented for my advice. He was of a sanguine temperament, and a twin brother. I had never seen him before, but from his father gained the following history of his case. Five months previous to calling upon me he suddenly lost the power of speech; did not know that he had previously suffered from cold or exposure. The loss of speech was the first symptom of disease he could recollect and this was not preceded by any very marked indications of hoarseness. A low, hoarse and painful whisper was the result of all his efforts at conversation. This condition continued for one month when to his surprise and great joy he found himself complete master of his vocal organs and congratulated himself on so strange and unexpected a recovery. He said that while making some slight exertion he felt something give away in his chest and immediately he could talk as well as ever. At the end of one week he was again deprived of speech in the same unexpected and sudden manner. His physician after inspecting his throat, but making no other examination, prescribed a gargle of "pepper tea" saying it would soon effect a cure; but after a trial of several weeks this prescription was discarded, as no change had resulted. Lancinating pain would occasionally be felt in the chest, slight cough, expectoration streaked slightly with blood. He continued to perform light work and had not been confined to his bed. I found him presenting the following symptoms five months after the first appearance of the disease.

The mucous membrane of the pharynx presented a pale and debilitated appearance; the chest inclined forward, the body assuming a stooping position; great tenderness of the spine from the first cervical vertebra to the last dorsal; pressure over the lungs, liver, stomach and spleen gave pain. In short no part of the chest nor abdomen could be percussed without revealing deep-seated tenderness. The skin was dry, pulse quick; there was much dyspnœa with abdominal respiration. Percussion of the lungs gave rather a dull sound. Bowels torpid. I diagnosed the disease to be Latent Pleuritis complicated with chronic inflammation of the larynx which gave rise to the Aphonia. As the patient was of a strumous diathesis and the disease of long standing I doubted the efficacy of treatment but advised it and took charge of the case on the 12th of June.

I first ordered morning bathing to be practiced daily, the water used to be impregnated with chloride of sodium and bicarbonate of potassa. Internal treatment:

℞ Podophyllin, ʒss.,
Capsicum, gr. X.,
Ext. Taraxicum, q s.

M. f. Pill, No. X. Take one of these pills morning, noon and night until the bowels are freely moved, then take but two a day.

℞. Comp. Syr. Stillingia, f℥iij.,
Iodide of Potassium, ʒj.

M. Take one teaspoonful four times a day. To test the progress of the case I saw the patient daily. I discovered no change until the third day; the bowels were then active, less tenderness about the cervical vertebra, could whisper with less pain and more distinctly. On the fourth day still more improved. I ordered the same treatment continued and on the next day the patient recovered full power of speech and could talk freely and without pain. He continued to improve and on the tenth day of treatment I could discover no abnormal symptoms. Percussion over the abdominal and thoracic viscera was no longer painful; no tenderness of the spine could be detected. I now discontinued the former treatment excepting one pill to be taken each day, and prescribed the following:

℞ Prussiate of Iron,
Hydrastin, āā ʒss.

Mix. Make 15 powders, two to be taken a day. The patient felt well and returned home, and now nearly one year has remained well as usual.

WHAT INFLUENCE HAS THE MOON UPON DISEASE?

BY COMELY JESSUP, M. D.

I WISH to ask your opinion and procure, if possible, the result of the observations of your readers, relating to the influence (if such influence exist), exerted by the moon upon disease. I have been of the number who look upon the lunar influences except such as may be attributed to the known laws of gravitation as entirely fabulous, but several instances occurring within the sphere of my observation, which have indicated the existence of some hidden agency, a few of which have been distinctly marked, have awakened a desire to see the matter thoroughly investigated and the truth or falsity of lunar influence fairly demonstrated. The following are a few of the more marked instances of apparent lunar periodicity which have fallen under my observation.

CASE 1. Mr. C., aged perhaps 45, has been subject to epilepsy for the last three years. About the time of the change and full of the moon he will have from three or four to eight or ten convulsions. At other times he is free from them, except occasionally about the time of the first and last quarter.

CASE 2. T. I., aged 72, was attacked some four years since with malignant erysipelas, accompanied at first with paralytic symptoms, which, together with a severe attack of " Doctors, "—though he survived them all—left him in a condition from which he has never recovered and never will. The most prominent features in his case now are pain in the back and head, which is remittent in its character, being most severe in the early part of the day ; nervousness, constant trembling of the hands, or rather the peculiar shaking characteristic of paralysis, to the extent that he can with difficulty feed himself ; and occasional attacks of general weakness and disposition to syncope. These symptems are all much aggravated at the time of the moon's changes.

CASE 3. A. E. S., aged 5 ; troubled with ascaris vermicularis at the time of the new and full moon, which were during the intervening space of time quiescent. This case would not have excited suspicion, inasmuch as there seems to be frequently a periodicity in their actions, but taken in connection with other cases it is a straw which indicates the quarter from which the wind blows.

Now the question is, does the moon during its various phases exert various influences which though unperceived by the robust constitution of perfect health, make themselves felt to the sensitive system of the invalid, or are these merely striking coincidences? These are questions of interest to the Physiologist and medical Philosopher, merely as significant facts, but doubly so to the practitioner to whom a knowledge of every influence brought to bear upon those under his charge is essential.

With a hope that others may be induced to make known the result of their observations, I report these cases.

HUMAN BLOOD A STYPTIC.(?)

BY O. VAN BUSKIRK, M. D.

I wish to communicate a few thoughts upon a case which came under my observation a short time ago, in which I employed human blood as a styptic with the most gratifying result. To you this may be no new thing, but to me it is, and it may be to many other junior members of the profession. From this consideration I thought I would write you a brief account of the case and the manner in which I employed it.

The case was a lady from whom I extracted a tooth (the first molar), and it was rather difficult to draw, but it came out whole and without doing any perceptible damage to the jaw. The hemorrhage was not very profuse at the time; not more than usual. When she left my office she seemed as well as usual and continued so for two days, at which time a profuse hemorrhage took place from the cavity in her jaw. By means of a decoction of black-oak bark she checked it for about twenty-four hours when it began again worse than before. I was then sent for and found her quite weak and sick at her stomach. I applied geranin, tannic acid, etc., all to no effect. I then took about two ounces of blood, placed it over the fire and as soon as it came to the boiling point the solid constituents of the blood coagulated, and left the aqueous portion clear and limpid. I then poured off the water and left the other over a slow fire until it assumed a thick, jelly-like form. I took a small lump of this and filled the cavity and placed over it a small wad of cotton wadding and directed her to close her jaws so as to keep the remedy in its place, and to my great delight it stopped the hemorrhage almost instantly. The remainder of the blood which was in the vessel I took through the same process and reduced it to a fine powder for future use.

Remarks.—The use of blood as a remedial agent is not new to the profession as a reference to the Journal, page 299 will show, where Dr. Miller refers to the use made of it by Mauthner in anæmia, as referred to by Dr. Davis, of Illinois, in the Transactions of the Illinois State Medical Society for 1852, who says it may be given when inspissated in doses of from ten to sixty grains at a dose, or dissolved in water. The therapeutic use of blood is also referred to in the *Am. Med. Journal* for 1853 and perhaps in other periodicals. But none of these refer to the *styptic* properties it is supposed to possess by Dr. Van Buskirk, and which one single experiment neither proves or disproves. The French Savans are accustomed to deny nothing until it is thoroughly disproved, and to admit nothing until it is thoroughly established, but rather to *receive* the opinions of others and await farther and full proof before their final disposition, and in this regard we may do well to follow their example. C.

NOTES AND OBSERVATIONS.

BY T. C. MILLER, M. D.

Ammonia Valerianicum [*Valerianate of Ammonia*]. This is formed by the saturation of the Valerianic acid with the carbonate of ammonia. It is usually a fluid, although an imperfect crystallization has been obtained of the salt. In warm weather even the crystals are apt to deliquesce into a syrupy fluid, having a strong valerianic odor, and a slight odor of ammonia.

Ottinger of Munich, Germany, has highly recommended this preparation in Asiatic Cholera in the following form.

℞. Ammonia Valerianici, ℈ j.,
Aqua Destillat., f℥ iij.,
Syrup. Sacch., f℥ ss.

M. Dose, one tablespoonful once in from 15 to 30 minutes.

Ottinger used this mixture to the exclusion of every other internal remedy, and after the severity of the attack had passed and reaction was established, he gave but from four to six doses daily. He also ordered ice to be rubbed over the abdomen externally, occasionally changing the cold water for hot or placing the patient in a hot bath in which had been dissolved from one ounce to one ounce and a half of caustic potash. Many other physicians have tried these remedial measures for the treatment of Asiatic cholera and have spoken highly of it.

Michael Von Visanik speaks in regard to this mode of treatment in the following manner: "A very favorable result has been procured by the Valerianate of Ammonia, by adding a scruple to three ounces of distilled water. We tried it in *sixteen* selected dangerous cases, of which one third showed already symptoms of asphyxia. We gave in the beginning one tablespoonful every quarter of an hour, but after the system became affected with the remedy we gave the medicine each half hour or every hour. After twelve or fifteen hours, and the use of a few doses of the medicine, the pulse which before could not be felt would appear again, the discharges and the cramps would cease, and the skin would acquire its natural color, elasticity and feeling, become moderately moist, and the patient present a tendency to sleep.

As soon as the use of the remedy had produced a turgescence of the face, and symptoms of congestion of the brain were presented, we ceased to longer use the valerianate, and by lifting the head up and applying cold water these symptoms were checked. In this way, of the sixteen patients we saved *ten*, and *five* died. One case could not be made to take the medicine. Others have complained that their patients could not be made to retain the medicine, but our experience convinces us that the remedy is one deserving every attention, and should be recommended for further trials.

Bleeding in Pregnancy.—The celebrated author and practitioner, Dr. K. G. Neumann, expresses himself in regard to bleeding in pregnancy in the following manner:

"While pregnant women do not continue to menstruate, some old women of either sex in and out of the profession have imagined that impurities must accumulate in the system unless *bleeding* is resorted to to furnish the desired outlet. These imaginings are certainly foolish, and while we can excuse women for entertaining them, we certainly cannot excuse physicians for entertaining and perpetuating this folly.

Such physicians should, as often as they bleed pregnant women, have several pounds of their own blood drawn off, so that they should soon die for the benefit of humanity. The blood which is supplied by the vital forces is required for the formation and perfection of the fœtus, and it is a *crime* to waste it, and thus rob the unborn innocent of its most precious patrimony."

TYPHOID FEVER.—A late German writer, Dr. F. C. Miller, says in regard to the treatment of Typhoid Fever:

"The general recommendation of starvation and depletion by the French School will never lead us Germans to adopt their extreme notions however high they are lauded. We shall never as practitioners of medicine, become Red Republicans on the sufferings of humanity.

It is true with us there are some who pass encomiums on Calomel as an abortive remedy in this form of fever, yet others who view the disease and that agent from a RATIONAL point of view, know mercury at the best is a deceitful agent, and sometimes proves very disadvantageous and greatly destructive. * * * * * * *

The typhoid process sometimes proceeds rapidly and with great severity, but mainly through dietetical and therapeutical errors. The obstruction of the bowels which is often present in the commencement of the disease, may by the injudicious use of laxatives or cathartics be changed to a severe or unmanageable diarrhœa. Many physicians have, by ordering purgatives, made it necessary to also order a coffin.

The treatment for Typhoid Fever adopted by the physicians of Vienna seldom embraces either Emetics, Cathartics, or Venesection. They give an infusion of a few grains of Ipecacuanha in the congestive or nervous stage, together with Chlorine water, and a little dilute Aromatic Sulphuric Acid in the evening, and where there are severe exascerbations, with any appearance of intermittance they give about *four* grains of Sulph. Quinia daily. For the diarrhœa they prescribe Alum. When the skin remains presistently hot, and there is great prostration, particularly if there is profuse diarrhœa they give camphor and alum by the mouth and in injections.

If the disquiet and restlessness continues, but is more marked during the night, and especially if there be a bloody diarrhœa, they give Musk and Camphor in injections. They also apply as indicated, cold water to the head and cold washings to the whole body, made of equal parts of water and vinegar, so long as the skin remains hot and dry. For the purpose of hastening convalescence they lay great stress upon tepid bathing. This course I consider progressive and Rational treatment."

PHLEGMASIA DOLENS.—This disease is known by the names of White Leg, Swelled Leg, Milk Leg, White Swelling of Lying-in Women, Phlegmasia dolens alba. *Obstructus venerarum puerperalis.*

We find this a disease of lying-in women, and it commences sooner or later with febrile excitement, and a painful, bright white, strained, œdematous, acute, almost sudden swelling of the leg, and the one half of the external genitals and the glands in the groins. It does not affect both legs at the same time.

Many consider the swelling to be the result of a metastasis of the milk, and hence the popular name; others think it a disease of the lymphatics originally, and others think the veins to be the original seat of the disease.

But the majority now hold it has its origin through and in consequence of the inflammation of the crural vein, and resulting in the obliteration of the same. I agree with LEBERT that it is caused by a checking of the venous circulation from an obstruction in the veins. We find the disease mostly in those women who have suffered great loss of blood by venesection or hemorrhage and in those who take cold during the confinement.

The prognosis has always been very favorable under the treatment which I adopt.

I always enjoin quiet, and wrap up the affected leg in roasted meal and afterwards in oil-cloth. I give only the mildest salts, as Rochelle salts for the purpose of evacuating the bowels, or use injections for the same purpose, and give effervescing powders. As soon as the febrile excitement has passed or is diminished I allow an easily digested and nourishing diet, with Tonics, and the sub-carbonate of Iron. As soon as the swelling becomes œdematous I consider the disease on the decline.

Dr. SCHRIMER, from his experience, as well as many others, was led to the opinion that a careful tonic and sustaining treatment is the best in Phlegmasia dolens alba and soon results in a cure. He states that in an obstinate and severe case which followed a severe, tedious labor, with extensive loss of blood, that, under what is styled the *antiphlogistic*, or depleting treatment, the disease grew continuously worse, but so soon as mild fomentation was applied, and a solution of Iodide of Potassium and iron, given internally, the cure was speedily effected.

[NOTE. A somewhat different opinion, and the reasons therefore as regards the nature and origin of this disease, may be found in Prof. King's *American Obstetrics*. C.]

SUMMER COMPLAINT. In 27 cases I have speedily arrested the disease in from 4 to 12 hours, using in some cases the *Compound powder of Rhubarb*, and in other cases I have used only the *Nitrate of Bismuth* combined with a little Rhubarb.

ABORTION—THE MEDICAL OBSERVER AND ITS PUBLISHER.

BY PROF. CLEAVELAND.

In the last College Journal in answering a querie in regard to the most effectual method of producing abortion, I made some remarks in regard to a statement published in a medical journal of this city, which has led to such a curious specimen of *Epistelation* that I am induced to refer to the matter, and favor the readers of the Journal with the letter alluded to.

It is well known to the profession in this city that sometime since Louis Bauer, M. D., of Brooklyn, New York, gave one or more lectures to the profession, in the Miami Medical College of this city; and that while here, he was on intimate relations with the editors of the *Cincinnati Medical Observer*.

After his return to the East the *Observer*, in March last, published a communication from him, in which he made some remarks upon the frequency with which he had been "requested to assist ladies in procuring abortion." Other circumstances he also stated, which led him to suppose the production of criminal abortion is of not unfrequent occurrence, and referred to a lady whose "death seemed to be connected with criminal abortion." He continued, page 106:

"Since then we have read and heard a good deal of similar instances and trials in which medical men were implicated, *and in a large city of the West the medical men with whom we happened to come in contact, indulged in conversation that led us to the belief that the procuring of abortion was one of their daily and most lucrative engagements, in which even men occupying honorable distinction in the ranks participated.*"

In reference to this charge against members of the profession thus published and circulated in the *Medical Observer*, in my article, I said:

"Some months since a physician from the East visited this city and gave one or more lectures, by invitation, before the friends of one of the Medical Colleges in this city. He was on intimate friendly terms with the faculty of that College, and after his return to Brooklyn he published a letter in which he charged upon those with whom he had associated that their conversation led him to suppose that the unlawful murder of unborn infants was a common occurrence with them and a lucrative business. So far as my personal knowledge of the profession of this city has extended I consider the charge a base slander, but as I am not on intimate terms with the members of that Faculty I cannot answer for them and I leave them to endure the odium the charge has cast upon them or prove its falsity as they see fit."

Being unwilling to allow such a charge as that contained in the *Observer* to rest upon the profession, I expressed my full conviction that it was a "base slander," leaving those more particularly interested to answer for themselves, for while I would ever do all I can to sustain the reputation of the profession, I would not presume to be better acquainted with the character and practice of Dr. Bauer's friends than he is.

But hardly had the ink become dry on the pages of the JOURNAL, ere I received the following *public document*, made intentionally public by being sent in the form of an *open circular* through the City Post-Office.

"*Office of the Cin. Med. Observer.*
AUGUST 15, 1857.

Dr. CLEAVELAND.—*Sir.*—As you are fully aware—the allusion to Dr. Bauer, in your article on "*Abortion*" in the Aug. No. of the COLLEGE JOURNAL is grossly and inexcusably false; and the personal reference to his friends here are as intensely malicious—as unwarranted;—the "*Observer*" therefore declines further exchange.

EDWARD B. STEVENS."

During the present, "heated term" many have found it difficult to keep up an equipoise of temperature, but I am of the opinion that the publisher of the "*Observer*," must now have as much internal as external caloric, and according to the Thomsonian notion he is on the high road to health and happiness. In regard to the "No. 6" the "Composition," and the "Capsicum" which he has introduced into his prescription, since he has manifested a great familiarity with them I shall leave the readers of the JOURNAL to decide if the terms "*false*" and "*malicious*" do not rather belong to those who publish the "*Observer*," and write letters, and not to myself.

I have stated no falsehood, but cannot tell whether Dr. Bauer has or not. I have made no "malicious" accusation against the Editors of the *Observer*, or the former Faculty of the Miami Medical College. Neither have I allowed the use of the JOURNAL of which I am publisher or any other to do the same. Both the COLLEGE JOURNAL and its publisher have ever done what they could to sustain the character and the reputation of the profession, and both can possibly survive the terrible catastrophy of the threatened loss of "exchange" with the

Cincinnati Medical Observer. Whether refusing to *exchange* will satisfy the profession that the charges made in the *Observer* are without foundation—are *malicious* and *false*, I cannot tell. The charge of falsehood and malice must rest against the *Observer* and its correspondent if anywhere, for my remarks as I have shown are almost a literal quotation from its pages.

TINCTURE OF GELSEMINUM IN DYSENTERY.

BY H. M. KAIGLER, M. D.

Being favorably impressed with the medical properties of the Yellow Jessamine, from what I read concerning its uses in various diseases by Dr. Mayes, of South Carolina, I give you these few lines to know of you in what diseases you have used it most. Dr. Mayes made frequent mention of you in writing the article. I used it in one case and it answered my expectations beyond my most sanguine hopes. It was a case of dysentery in which the pulse ranged from one hundred and forty to one hundred and sixty; in twelve hours time the pulse fell to one hundred and two beats. I gave it because I was fearful that if I gave the veratrum it would in all probability give rise to cartharsis in my almost exhausted patient. It was the first time I had ever given the Tinc. of Jessamine; its effects were those as described by Dr. Mayes, viz: dimness of vision, double-sightedness, inability to open the eye-lids, etc.

I at first gave twenty drops every three hours, afterwards increased it to forty drops because of her dangerous situation. I prepared my tincture according to the formula of Dr. Mayes; he put four ounces of the root chopped fine in a pint of dilute alcohol and let it stand fourteen days; he says from twenty to fifty drops is a dose. From his mentioning your name as using the article largely in diseases, I address you to know what is your manner of administering the medicine and in what diseases do you think it will answer? Do you think it a remedy that will cure Gonorrhea? Dr. Douglas of Chester, S. C., says it will cure the above named disease; he says he saw it used thirty years ago in that complaint. I should like it very much if you would give me your views concerning the article. We want something that will control the vascular system without running any risk to our patient, as is frequently the case in using the Tincture of Veratrum. The people in this part of the country are so prejudiced against it that it is impossible to use it here, so we will have to hunt up another remedy to use in its place.

REMARKS.—I am pleased to know that my efforts to extend a knowledge of this agent are already successful to a considerable extent, and I gladly respond to the request for farther information.

In regard to the value of the Tincture in Gonorrhœa I am not at present prepared to advance an opinion, as neither my own experience or that of my friends, has presented a sufficient amount of results on which to base any absolute opinion.

In regard to its use in other diseases, perhaps it will be found to be possessed of other properties in addition to its power as a sedative to the heart, which will prove it to be of great value in many instances. The splanchnic system of nerves doubtless govern the secreting organs, as well as the processes of chemical change and nutrition, and when these functions, as well as that of circulation are performed too actively, great harm may result and the agent which is capable of moderating, checking or controlling these changes, may be found to possess more valuable remedial properties than have been heretofore suspected.

In the article quoted by Dr. Mayes, I said: "I am satisfied that as a sedative to the nerves branching from the spinal cord and going to the organs of locomotion, or the nerves of voluntary motion; and in a lesser degree to the vagus and sympathetic nerves that are distributed to the heart and lungs, inducing a less powerful and less frequent pulse, and a more sluggish and feeble respiration, the Gelseminum will prove highly satisfactory to any who may give it a trial."

I also accord with the remarks made by Dr. Mayes, as quoted in the JOURNAL, p. 187, except that I think as the agent impresses, as has been stated, the *Exito-Secretory* nerves, it is capable of diminishing their undue activity, as in Gonorrhœa and Dysentery and other forms of undue activity and excitability of those nerves, and hence it will prove not only a valuable adjuvant to other treatment, but also a direct remedial agent of no inconsiderable value in a very large number of dangerous and painful diseases, including inflammations of the brain, the lungs, the pleura, the viscera and in rheumatism, and various disorders of the fluids of the body.

But before we can determine the actual value of this potent agent we need the results of many carefully made trials of it, cautiously noted and frequently repeated, and we hope to be favored with these from all who have made such observations and have noted the results obtained. C.

QUERIES ANSWERED.

"CATARRH."

I WILL make the following query to which I would be pleased to get an answer in the next No. of the COLLEGE JOURNAL. I am annoyed considerably with noises in my ears, it being however almost entirely confined to the left one. Sometimes the noise is of a ringing character; at others there is a roaring and rushing. It is almost constant, yet frequently more marked in the evening and aggravated by every slight cold I take. I have no pain in the ears but sometimes a slight itching; I have been very subject to irritation of the larynx from the slightest check of perspiration. My tonsils also were formerly irritated and somewhat enlarged, but by means of astringents and stimulants locally applied they were reduced and have not given me any trouble for some months. My general health is good, but I have been somewhat troubled with papular eruptions on the face. I have at times felt more or less dizziness when raising my head suddenly after having bowed down; and not long since, after having taken a slight cold, the noise was greatly augmented in my ear and I became quite dizzy and for a short time (after a somewhat full meal), was unable to walk straight. My hearing has been slightly affected. Now what is most probably the difficulty and what course of treatment would you recommend? I might have mentioned that I never had acute inflammation of the ear either external or internal, nor have I been subject to headache.

ANSWER.—Your annoyances probably arise from chronic inflammation of the mucous membrane of the nares and pharynx; the "ringing" in the ears is produced by a partial obstruction of the Eustachian tube, preventing a free passage of air from the throat to the ear. The laryngeal difficulty depends upon the same disease which is continued into the vocal organ; and the dizziness is consequent upon a congested state of the vessels of the head, the blood being determined thither in undue quantities by the irritation existing in and about the pharynx. The disease, in the acute form called "coryza" and "influenza" is a common one, especially in countries subject to great atmospheric vicissitudes.

The lower animals are subject to a similar disease. It is well known that within the heads of mammalia there are extensive pneumatic cavities communicating with the mouth and nose. These cavities in man are called, "antrums," as that of Highmore; and "sinuses," as the frontal, ethmoidal and sphenoidal sinuses. The elephant and the owl derive considerable reputation for intellectual profundity from the prominence given by these airy cells. Pneumatic cavities in the bones of birds filled with rarified air serve them a good purpose in flight, and in mammals in supporting their ponderous heads.

The horse is subject to attacks of acute inflammation of the membrane lining these cavities, and among farmers the disease is called "horse distemper." The inner structure of the horns of kine is liable to take on the same disease, and then it has the appellation of "horn-ail."

Considering that a large portion of the human face is taken up with antrums and sinuses, all lined with a membrane extending from the nasal cavities, it is not surprising that "coryza" and "catarrh" so often prevail. Existing in the chronic form, the symptoms of catarrh become somewhat varied and complicated. From sympathy of continuity the disease extends itself through the nasal duct and the lachrymal canals, and affects the conjunctiva, which, together with a congestion of the vessels about the origin and along the course of the optic nerves, interferes with vision. The patient is unable to read or use the eyes upon minute objects, for much time, without dimness or a blending of objects being the result. Hearing is impaired in a manner before hinted at, and the patient is often treated by pretending "aurists" with applications to the external ear, leaving the real cause entirely overlooked, while any laryngeal trouble is nursed as "bronchitis." Frequently the congested state of the lining membrane of the frontal sinuses will produce headache, which is mostly confined to the region over the eyes and about the temples—nervous headache, the patient calls it—and it is apt to recur periodically, once or twice a day. A feeling of heat and pressure at a point half way between the crown and forehead, directly over the sphenoidal sinuses, is not uncommon. There is a dry, unpleasant sensation in the anterior nares, and by dilating these openings the septum nasi will be observed redder than natural. The patient feels a disposition to "hem" in order to relieve the fauces and a quantity of mucus mixed with globules of the same in a more condensed form will be brought into the mouth by the effort. Every morning the throat has to be cleared of "phlegm" by coughing and other efforts. In several cases mucus finds its way down the œsophagus, exciting nausea and favoring accumulations of gases in the stomach ; and from the proximity of the heart to the stomach its functions are interrupted, causing the patient at night sometimes to spring from bed as though suffocation were about to result from a heart disease.

The treatment of chronic catarrh, as given by authors, is meagre and unsatisfactory in its results. By many physicians the disease is pronounced incurable, yet they recommend their patients to snuff up the nose cold water and use astringent gargles. Fumigation by directing into the nostrils the fumes of burning sugar, ginger and cinnabar, has comprised a part of the treatment for catarrh, but it is attended with too little success to favor repetition.

Dr. Ira Warren, of Boston, for many years has douched the nostrils and pharynx with a solution of nitrate of silver, employing a syringe with a long curved nozzle.

Instead of any of the above treatment, I would recommend the patient to take in some convenient vehicle the muriate or chloride of gold in one-twentieth grain doses three times a day, and make frequent use of an errhine composed of pulverized kalmia angustifolia and sassafras, equal parts. Tincture of Bryonia inhaled, often proves serviceable in this disease, and when there is much pain in the head chloroform may be added to the Bryonia. Deafness arising from obstructions of the Eustachian tubes may be relieved by douching the passages with a dilute tincture of Arnica flowers. H.

ACCIDENTAL APPLICATION OF CROTON OIL TO THE EYE.

BY WELLINGTON ROSE, M. D.

A VERY respectable lady, of a plethoric habit, and sanguine temperament, aged about 60 years, had for two or three years been afflicted with an infirmity of her eyes. The sight was becoming dim and black specks were apparently flying before them.

She poured some Croton Oil from one phial into another, an some of it adhered to one of her fingers, with which she indiscreetly rubbed the eye which was the most affected. That eye and eyelid immediately began to smart and burn very severely. Sweet cream was first applied to it but gave no relief. Olive Oil was next used, and the pain soon began to subside, and ere long all disappeared. The black specks also immediately disappeared, and her eyesight has been more clear and strong since the accident than it had been for a long time previous. This I narrate as it may serve as a useful hint to physicians in regard to the treatment of some diseases of the eye.

REMARKS—I have delayed publishing the above for the purpose of first obtaining the report of a case treated in this city. The patient's father died of consumption, and his mother now suffers from cough and other pulmonary difficulties. He and others of the family had sore eyes in 1846, from which he recovered after a few weeks. In 1852 he again had inflammation of the eyes, which kept him from his business about two months. He did not entirely recover from the disease this time, and in 1855 there was another acute attack which lasted some four weeks, leaving his eyes still affected. About a year ago his eyes became again suddenly inflamed, and the swelling and pain made him completely blind. He was purged, bled repeatedly, cupped, blistered, and had a variety of washes applied to his eyes, and treated on this plan of no plan until the beginning of winter, when the lids were thickly studded with hard, irritable granulations, and similar hard and large granulations had sprung up over the sclerotic conjunctiva ,and the pannus threatened to cover over the entire cornea. There was much pain and intolerance of light, profuse lachrymation, and a free discharge of muco-purulent matter.

He was leeched, the lids were scarified, purgatives were administered, and the nitrate of silver applied regularly to the eyes for some weeks. After this the nitrate of silver was alternated with the sulphate of copper, and warm cataplasms were applied. After a time he improved but did not get well, and soon there was a relapse.

In April the attendant surgeon determined on inoculating the eyes with the *virus* of *Gonorrhœa*, a Germanic transcendental mode of treatment, apparently an offspring of the Hahnemannic school. The patient was not informed in regard to the nature of the virus of inoculation but was told "that it was a new preparation called *glandola*."

The introduction of the Gonorrhœa virus produced very violent inflammation. On the third day "the lids were enormously swollen and purple, and the whole side of the face and neck erysipelatous—the discharge was excessive, and he was racked with intense neuralgic pain in the eyebrow. There was, at this time, no possibility of seeing the globe of the eye, in consequence of the extreme tumefaction and acute pain where the lids were touched."

The after treatment consisted in washing the eye with lead water, and a twenty grain solution of the nitrate of silver, an occasional purgative, and morphia. After many weeks the eyes improved, the pupils were free, the cornea had a soreness, and the sight was improving daily.

We are half promised that the Surgeon who treated the above case, will publish a paper *on the indications for inoculation*, and for one, I should be pleased to have him show wherein his "new preparation called glandola" is superior to the Croton oil mentioned by Dr. Rose.

The European papers recently make frequent mention of this novel mode of treating eye diseases, but it will take more than a European reputation to commend the method to the favor of American Surgeons.

CAUTION—AN ATTEMPT AT FRAUD.

On making inquiry this morning at one of our first class book-seller's for the English edition of "Gregory's Chemistry," I was offered a book which, on examination, I found to be curiously mutilated, viz: the title page had a strip of white paper very neatly pasted over a portion of it, which piece of paper upon close examination I found answered the purpose of concealing the fact that the book was published under the editorial care of one *J. Milton Sanders, M. D.* To this attempt at concealment on the part of the book-seller or publisher (I care not which), I feel it my duty to call the attention of the profession. I also wish to notice the fact that those having the work to sell feel ashamed of the so-called "reprint" of Prof. Gregory's excellent work, yet are attempting by this contemptible trick to avoid the influence of the many severe, though just notices the work as edited by Sanders has received. I would call the attention of the reader to the notices on pages 82-3 4 and 232-3 of the present volume of the College Journal.

J. F. J-

Note—Although I was prepared for almost any attempt at deceiving the profession by the American Editor of Gregory's Chemistry, I was not inclined to allow a statement like the above to rest solely on the authority of the writer of the above communication, every way worthy of entire belief as I know his statement to be; hence I went to the book store where this work was offered for sale, and on examination I found it was the old edition which W. H. Derby & Co. of this city, had copyrighted.

The honorable proprietor of the book store viewed this attempt at deception as any honorable, high-minded man must, and offered his assistance in determining the extent to which the mutilation had been carried and the fraud perpetrated.

If the repeated instances of deception of the American editor and the publishers of Gregory's Chemistry should lead the readers of the College Journal to renewed interest in the book, I would refer them to the *American Journal of Pharmacy* for Jan. last, page 89 *et Seq.* and to the *American Journal of Arts and Sciences* for March last, for a more extended reference to this subject. We should feel it our duty to say much more in regard to these frequent attempts at deception on the part of the individual referred to above, were we not aware that our readers are fully acquainted with the character of the party engaged in the fraud.

C.

EDITORIAL DEPARTMENT.

STATE MEDICAL ASSOCIATIONS.

THAT a State Medical Association, based upon correct principles and sustained and conducted with the proper spirit, would be of great benefit to the profession and to the community we have no doubt. Such an institution would do much in developing the resources of the healing art, correcting errors in medical practice and establishing a high standard of qualifications as a criterion of professional respectability. We are constrained however, to say that such results from Associations that have heretofore been organized we have not seen. In the old school organization no rule has ever been adopted that has had the practical effect of excluding ignorant and unworthy members who have tact enough to maintain the claim of regularity (*i. e.*), subserviency to the party dictum in regard to medical faith; though their rules are potent in ostracising any one, however learned and accomplished, who has boldness to think for himself and to express his thoughts.

As some of our friends in different States are making the attempt to form State Eclectic Medical Associations we deem it an opportune season to speak a word of fraternal admonition on this subject. We have no right—we have no desire—to dictate, yet since this is a matter in which all are directly or indirectly interested and since we have been repeatedly addressed on the subject, it will not, we hope, be deemed arrogant in us to suggest, that an Eclectic Association formed at the present time should take a position far above that occupied by those to which we have referred. It should take a position that shall save it from the odium of fostering and indorsing ignorance and charlatanry, under the cloak of professional dignity, and which shall secure to true merit a full opportunity of being appreciated and sustained. In short an Eclectic Association should, if practicable, be composed of members only who have thoroughly qualified themselves for their profession, and whose object is, not to gain notoriety nor manufacture reputation for themselves, but to mutually improve each other, and promote the common interests of all: of men who are willing and able to contribute by their labors to the advancement of science, instead of making the association bend under the weight of their self-vaunting ambition or blush at the demonstrations of their ignorance.

But here arises a question which must be met at the outset and upon the judicious settlement of which greatly depends the reputation, harmony and usefulness of the association. Who shall constitute the body? Shall any one *claiming* to be a physician be admitted as a member, irrespective of professional attainments? The vast number of ignoramuses who are to be found throughout the land professing to be "doctors," might furnish such an association with a formidable roll so far as numbers are concerned, but we can readily conceive of such an organization, with which no man who had any self-respect or any professional reputation to lose would willingly be identified. But by what means shall the ignorant and unprincipled be excluded? We fear it will be difficult to do it successfully by any rule. Shall a diploma be a sure passport to membership? Many men hold diplomas who have very little claim besides to professional character, and who by obtaining such documents knowing their own incompetency, have proven themselves to be unworthy of confidence.

It seems however that there is no practicable criterion of membership that is so nearly equitable as one having reference to graduation. A diploma from a legally authorized Medical College with the usual number of chairs filled by reputable professors, and requiring the usual amount of study and collegiate instruction as a prerequisite to graduation *should* be prima facie evidence of respectable professional attainments; and although there are diplomas which have been issued by institutions claiming to be respectable, in the hands of men every way unworthy, the admission of such would certainly be a less evil than to admit in addition to these the legions of pretenders who have neither diplomas nor medical education. We know that such a rule would exclude some who are far above mediocrity as successful and scientific practitioners, but such could soon obtain diplomas, and if they are men of professional spirit they would be willing to suffer temporary inconvenience for the sake of excluding the unworthy.

If we had the drafting of a constitution we should probably incorporate at least four rules bearing on membership, embodying the following principles:

1. A voting member must be a graduate of a legally constituted Medical College that requires the usual curiculum of study before graduation.

2. Whenever it should appear that a member had obtained his diploma without complying with legal requirements he should be expelled.

3. No one who professed to possess knowledge which he would not impart to the profession, or who practiced with or encouraged the sale of secret nostrums, should retain his membership.

4. Reputable non-graduates should be eligible by vote of the association to the position of honorary membership, with the privilege of participating in the deliberations.

As we have already said, we have no desire to dictate to our medical brethren, but having been asked for our views on this subject we have, as in duty bound, endeavored to give a succinct statement of them. We will close this article by saying that we sincerely hope that Eclectic physicians everywhere, whether members of associations or not, will take and maintain high ground in opposition to every form of imposture in medicine, and demonstrate to the world that the Ethics as well as the medication of our branch of the profession is an improvement upon that of the old school party.

THE ECLECTIC COLLEGE OF MEDICINE.

It is with pleasure that we announce to the friends and patrons of this College that the Trustees have added to its former advantages the halls, fixtures and furniture of the American Medical College, which recently occupied part of the same edifice. They have also secured the services of a full Faculty who will reside in the city. Whether Prof. Buchanan, Emer. Prof. of Cerebral Physiology and Institutes of Medicine, who resides in Louisville, Ky., can spend any time with us during the session or not, we cannot say, though we hope he will be able to do so. The Trustees and Faculty have, however, deemed it due to him who has so long and efficiently labored for our cause and whose sympathies are still with us, to retain his name in an honorable position in the Announcement of the College.

DR. WEEDON'S APPARATUS FOR FRACTURED CLAVICLE.

Dr. Frank H. Hamilton, and others, are inclined to doubt if Dr. Wheedon, of Albany, is the inventor of the apparatus described by him, and which was mentioned in the Journal for August, p. 369.

One writes that the same apparatus has been in use some years, and is sold in New York under the name of "Bush's clavicular apparatus," but that Dr. Wheedon has made an improvement by constructing the rods of two parts—extensible—so as to fit persons of different heights.

Dr. Hamilton says: "The use of a **T** splint, as a dressing for a broken clavicle, is certainly as old as the days of Heister, who, in his great work entitled *Institutiones Chirurgicæ*, published at Amsterdam in 1839, has given a description and an engraving of this apparatus as it was then used by himself."

In the *Transactions of the American Med. Association* for 1855, p. 407, Dr. Hamilton reported a case treated by himself with an apparatus of this character, but which was not entirely satisfactory in its action.

Dr. Hamilton thinks that the method of treating fractures of the clavicle recommended by Hippocrates, and adopted by Celsus and Dupuytren, and approved by Drs. Eastman, Eve, Buck, and Post, of placing the patient upon his back, would result more satisfactorily than by the use of any of the various appliances figured in the books.

VIENNA AND ITS HOSPITAL.

Our readers will observe that our intelligent friends, Dr.'s T. C. and L. E. Miller, frequently refer to their experience and their professional friends in Vienna, and it may be of interest to know that Vienna, the capital of Austria, contains about 500,000 inhabitants.

The general Hospital was founded about one hundred years ago, by the Emperor Joseph the II. It is the largest Hospital in the world, the grounds embracing seven or eight squares, and is laid out in walks shaded by rows of fine large trees.

Each square of ground is surrounded by a continuous line of buildings three stories high, and in all they contain 3,000 beds, which, however, are not always filled with patients, the usual number not averaging more than from 2,300 to 2,500.

The clinics are held in this general Hospital, and usually there are about 1,500 physicians and students in attendance on the clinics.

In the lying-in, or obstetrical department from 8,000 to 10,000 births occur yearly.

In this city, with its University and Hospital, are presented admiral and full opportunities for study and observation and we hope to present to the readers of the College Journal information in regard to professional matters, as they occur in this great city, probably in each number we issue.

BOOK NOTICES.

The Effects of Climate on Tuberculous Diseases. By Edwin Lee, M. R. C. S., London. Being the Dissertation to which the Fiske Fund Prize was awarded June 6, 1855.

The Influence of Pregnancy on the Development of Tubercles. By Edward Warren, M. D., of Edenton, N. C. Being the Dissertation to which the Fiske Fund Prize was awarded June 4, 1856. Philapelphia, Blanchard and Lea. 1857.

Dr. Caleb Fiske, of Rhode Island, bequeathed at his death to the State Medical Society a fund of two thousand dollars, directing that the annual income of that sum should be expended in premiums for Medical Essays, on such subjects as should be designated by the

Society. This offer of a prize has led to an annual competition among the best writers of the country, which competition has brought forth some very valuable Essays upon Medical topics of great practical importance.

The two Essays now issued in this volume were first printed in the *American Journal of Medical Science*, and from its pages have they been reprinted for the purpose of presenting them to the profession in a more permanent form, and giving them a more extensive circulation.

After presenting the opinions of the most eminent pathologists in regard to *the nature of pulmonary tuberculization*, Dr. Lee comes to the conclusion that "tuberculization is a disease depending upon an alteration of the blood from its normal condition." * * * "Principally caused by suppression or diminished action of the functions of the skin and a deficiency of the red corpuscles, and that consequently it should not be considered as merely a local disease but requires to be treated with reference chiefly to the disordered condition of the blood and to the causes which have been instrumental in producing it, before it has arrived at so advanced a stage as to preclude all rational hopes of recovery." * * * "It is therefore against the diathesis, or the cachectic state of the system, and not against its local manifestations that our remedies should be directed."

In regard to the *effects of climate*, in the treatment of tubercular diseases, the author presents many valuable facts which he has embodied in twenty separate cases. He says:

"6. The chief indications in the treatment of pulmonary tuberculization by means of climate, are first to remedy as far as possible the morbid condition of the blood which constitutes the cachectic state, and by this means to prevent or arrest the formation of the morbid product; and secondly, to allay the general and local excitation caused by the organic lesion. These indications are not unfrequently opposed to each other and in many cases the practitioner is obliged to restrict himself to endeavoring to fulfill the second, and to palliate the symptoms by pharmaceutical remedies."

Although much has been said of late in favor of a high northern latitude, and Dr. Kane has expressed the opinion that no one living among the Esquimeaux will be likely to die of pulmonary tubercular disease, Dr. Lee does not seem to have had his attention drawn to this matter.

In regard to the *influence* of *pregnancy*, which is the subject of Dr. Warren's Essay, much has been said and yet but little of a reliable character has been recorded, except in scattered fragments and isolated remarks.

Dr. Warren commences his essay with a quotation of the opposing maxim of the Homœopathists, "*similia similibus curantur*," and the Allopathic one of "*contraria contrariis curantur*," of Hippocrates and his followers, and adopts the Allopathic doctrine as having its foundation in reason, embodying the plain, practical, logical view of the subject, and being sustained by the experience of a vast majority of the most scientific men in every country.

Dr. Warren says: "The causes of phthisis may be properly divided into two classes: 1. General causes. 2. Special causes."

Among the most prominent of the general causes he names *hereditary predisposition*, and considers the fact that it is an hereditary affection as *prima facie* evidence of its *nervous* origin. He next considers the influence of improper aliments, the influence of impressions made on the skin, and lastly, those impressions on the nerves connected with the *emotions*. Of these latter he enumerates "the gratification of lust, indulgence in onanism, depression of spirits, violent grief, and indeed all passions whereby immediate depression or subsequent reaction is induced;" quotes from Lombard, Moreton, Laennec, Hippocrates, Dupay, Amestoy, Wood and Williams, in support of this proposition.

Among the *special causes* of the disease he names various callings, improper clothing, suppression of habitual discharges, and various diseases which tend to direct an unusual amount of blood upon the pulmonary tissues.

In his second chapter Dr. Warren endeavors to prove that there is an *antagonism* between the development of tubercle and the state of pregnancy, and to do this he *assumes* that in pregnancy there is a disposition to the establishment of *inflammatory action*, which is so imminent as to demand "the production of certain methods of relief to the economy, whereby its normal condition may be secured and retained," and enumerates loss of blood, nausea, vomiting, disgust for food, etc., as the means required for "the perfection of nature's most important work."

The final conclusion of the author is so clearly presented in the closing paragraph of his Essay that we quote it entire:

"I have thus attempted, by arguments, facts and authorities, to prove that pregnancy prevents the progress of phthisis, even when that disease is perfectly developed. Whether this effort has been successful or not, must be left to the judgement of my readers; and to them I confide my cause, with the full assurance not only that their decision will be equitable in regard to all that has been urged in support of my position, but that they will agree with me in the conclusion that if pregnancy can arrest the progress of consumption when fully established, then for a still stronger reason it must "retard the development of tubercles in those predisposed to phthisis."

Domestic Medicine. A Treatise on the Practice of Medicine, adapted to the Reformed System, comprising a Materia Medica, with numerous Illustrations. By J. Kost, M. D., etc., etc., etc. Cincinnati, R. Wilson, 1857.

From the date upon the title page one would naturally suppose this book another recent addition to the literature of the Reformers in Medicine, but a cursory examination of the volume leads to the conviction that it is a simple unchanged reprint of the work copyrighted by the author some six years since.

Prof. Kost has written two or three other works, which have had a fair circulation, and has been engaged as a teacher in several medical colleges, and hence the author and his productions are very well known to the profession. In this work was embodied much of what was known at the time it was written of the principles and practice of that branch of medical reforms to which the author has been more intimately connected, and hence it is of interest as indicating the very great progress Rational Medicine has made during the past few years.

An Epitome of the American Eclectic Practice of Medicine; embracing Pathology, Symptomatology, Diagnosis and Treatment. Containing also a complete list of the remedies used by Allopathists, Homœopathists, and an Eclectic Pharmacy and Glossary. Designed for Physicians, the Student of Medicine, and as a Domestic Practice for Families. By William Paine, M. D., Professor of the Principles and Practice of Medicine and Pathology in the Eclectic Medical College of Pennsylvania. Philadelphia, H. Cowperthwait and Co. 1857.

From the many subjects embraced in this title-page we might naturally expect a library of many volumes; but instead the author has been able to present what he had to offer on these important matters in a single twelve-mo. volume of about four hundred pages. Whether our Allopathic, Homœopathic, Hydropathic, and Chrono-thermal neighbors will think full justice has been done them in this little manual or not, we cannot determine. We are sure, however, that physicians, students and families will agree with us in regretting that the majority of the subjects have been so briefly considered.

We have repeatedly expressed our objections to the use of this class of works for students and physicians, as tending to produce a careless, indifferent or superficial consideration of matters of the deepest scientific and humanitary interest, and a consequent empirical and unsuccessful practice. But children usually creep before they walk, and walk before they are able to run, and hence we may reasonably anticipate these primal efforts to supply the profession with the demanded progressive literature will partake somewhat of a juvenility of character. Even failures may, however, be considered successful in one point of view, as the masts of sunken vessels serve as indicators of the presence and location of the rocks upon which they were stranded.

We anticipate that Prof. Paine will be called upon to issue a second edition of his work, and in anticipation of that event, we would suggest that in regard to his nomenclature for remedies he may be able to make some corrections of errors and introduce some improvements.

In accordance with the usage of modern Chemists, all names of Alkalies and Alkaloids should terminate with an *a*, as in Soda, Potassa, Quinia, Morphia. The names of all Acids terminate in *ic*, as Acetic, Tannic, Gallic, Sulphuric, Nitric. The names of all Resins and Resinoids terminate in *in*, as Resin, Rosin, Podophyllin, Jallapin. The names of such agents as may belong to one of these four classes, but whose character is as yet undetermined by scientific writers, are made to terminate in *ine*, as Cornine, Santonine, Salicine, Piperine.

In looking over the list of medicines named in this work we are sorry to perceive that these simple and truly scientific rules have been disregarded. Hence we have "Cinchon*ine*" as the name of an alkaloid principle, instead of Cinchon*ia;* "Emet*ine*" defined as the alkaloid principle of Ipecacuanha; "Myric*in*" as an alkaloid; "Quin*ine*," and other similar errors, which can readily be corrected in future editions.

In conclusion we would cordially welcome, and heartily exert the influence of our JOURNAL to assist all publications which are calculated to enlighten and elevate the profession and advance the cause of humanity.

* * *

Remarks upon Aclhemy and the Alchemist, indicating a method of discovering the true nature of Hermetic Philosophy; and showing that the search after the Philosopher's Stone had not for its object the Transmutation of Metals. Being also an attempt to rescue from undeserved opprobium the reputation of a class of Extraordinary Thinkers in past ages. "Man may not live by bread alone." Boston; CROSBY, NICHOLS, and COMPANY. 1857.

SOME two years since, the writer of the present volume published a small pamphlet on the subject of Alchemy, in which he presented the idea that the *Philosopher's Stone* of the old Hermetic Philosophers was not a supposed reality, but a symbol of *wisdom* or *truth.*

That pamphlet being designed solely for the friends of the author, was never offered for sale. It attracted the attention of a writer in the *Westminster Review*, who did not aim at the same conclusion with the pamphleteer, and hence the author was called upon to defend his position. He therefore pursued his investigation by reading still other works on Alchemy, and this farther investigation only confirmed him in the opinion that although the Alchemists were the forerunners of modern Chemists, yet their investigations were not mainly directed to material matter, but that "the *subject* of Alchemy was *Man;* while the *object* was the perfection of Man, which was supposed to center in a certain unity with the Divine Nature;" * * * "that the salvation of man—his transformation from evil to good, or his passage from a state of nature to a state of grace—was symbolized under the figure of the transmutation of metals, * * * that the Alchemists were *Reformers* in their time, * * that they were religious men when the spirit of religion was buried in forms and ceremonies, and when the priesthood had armed itself with the civil power to put down all opposition, and suppress all freedom, intellectual, civil, moral and religious." Hence these *freemen* were accustomed to write and speak to each other in symbolic language, using the terms salt, sulphur, gold, mercury, etc., while refering to principles and truth.

According to the writer of this volume, the whole subject of Alchemy is Man, but each writer for the most part designated man by a word of his own choosing. Hence one called man Antimony, another Lead, another Zinc, etc., and under these and similar names we can if we choose to investigate the matter, learn what those writers thought of God, Nature, and Man, or Man, Nature and God—one and three, three and one. That the Alchemists were Protestants, when Protestantism could not find open free speech for fear of the *auto da fe*, the dungeon or the stake, seems apparent from their entire writings, and that their opinions were expressed to each other in quaint language, distinctly understood by each other, but unintelligible to the uninitiated: that Alchemy, or Hermetic Philosophy, was a religious philosophy or faith, and the writers on this subject teachers of the new—or protestant form of religion, rather than of new ideas in chemistry.

The Physician's Visiting List, Diary, and Book of Engagements for 1858. Philadelphia, Lindsay and Blakiston.

The united voice of all who have enjoyed the facilities and advantages of this Pocket Account Book and Diary has been only in praise of this convenient Annual, which has become a *necessity* to those who have used it.

It contains an Almanac, a Table of Poisons and their Antidotes (rather too brief), a Table for calculating the period of Utero Gestation, a Visiting list for the year, for 25 or 50 patients daily, and a vast amount of other convenient memoranda, by means of which physicians avoid errors, or forgetfulness—and by the aid of which many times the cost of the work may be saved daily.

This Visiting List is bound in a convenient form, and should be found in the pocket of each practicing physician. Copies can be sent by mail for $0,75, and $1,00.

The Five Gateways to Knowledge; by GEORGE WILSON, M. D., F. R. S. E., etc etc., Philadelphia, PARRY and MCMILLAN. 1857.

THIS little volume receives a hearty welcome; it is one of those rare works we occasionally meet with in which the useful is combined with the ornamental, and we find something in each page which will amuse and instruct.

The style is simple and clear, and at the same time beautiful and comprehensive. The dull monotony that too often characterizes such works is not observable here, but each page is enriched with original thought, clothed in language which the child may understand, and the sage may read with pleasure.

The Author imagines himself standing sentinel to the city of the Soul described by JOHN BUNYAN, and as he watched the five gates known as the "Eye-gate, Ear-gate, Nose-gate, Mouth-gate, and Feel-gate," he records all who bear tidings to the dwellers within.

Seldom have we seen so many of the truths of philosophy enriched by the beauties of poetry. In his description of the Ear the following occurs which we give as characteristic of the work.

"But music is never more delightful than when listened to in utter darkness without obtrusion of music paper, or instrument, or performers, and whilst we forget that we have ears, and are content to be living souls floating in a sea of melodious sound."

We cannot recommend the work more highly than to advise our readers to obtain and read it for themselves. J.

The American Family Physician, or Domestic Guide to Health. For the use of Physicians, Families, Plantations, Ships, Travelers, etc. By JOHN KING, M. D., Professor of Obstetrics and Diseases of Women and Children, in the Eclectic College of Medicine; formerly Professor of Materia Medica, Therapeutics, and Medical Jurisprudence in the Memphis Institute; author of the American Eclectic Dispensatory, the American Eclectic Obstetrics, etc., etc. Cincinnati, LONGLEY BROTHERS, Publishers, 1857.

THE above title-page, and several sheets of the above work have been presented us by the Publishers, with the intimation that it would be ready for sale in about a month.

When the work is published we shall express our opinion upon its contents and character; but for the present would simply refer to it knowing that most of our readers are so well acquainted with the former works of the Author as not to require any commendation of the one forthcoming.

The American Journal of Dental Science for July.

THIS able advocate of the Dental profession is filled with valuable matter, which it would be well for physicians, as well as dentists, to become acquainted with.

Demand of the Age on Colleges.—Speech Delivered by the Hon. HORACE MANN, President of Antioch College, before the Christian Convention, at its Quadrennial Session, held at Cincinnati, Ohio, October 5, 1854. New York. FOWLER and WELLS, 1857.

THIS is the product of a Master Mind, governed by a Master Will, which leads to a bold, fearless enunciation of whatever is considered as *truth*, particularly those truths which have a bearing upon the spiritual or physical welfare of the human race.

Those who give utterances to *positive* and more particularly *original* ideas, are apt to find far more opponents than followers at first, and hence, probably, but few will be ready to take the same views as our author on the first perusal of this little work, and yet most will read it the second and the third time, and whether they adopt the opinions advanced or otherwise, they must be benefitted thereby.

We most earnestly wish that such Speeches as this and the Address to the Students of Antioch College, which is added as an Appendix, together with the *Address to the Students of the Eclectic College of Medicine*, by Prof. I. J. ALLEN, M. D., L.L. D., a part of which was published in the COLLEGE JOURNAL in March last, could be read by every Medical Student in the land.

That our readers may judge of the character of this Speech, we make the following brief extracts:

"Let me say, then, in a single sentence, that our hope and aim is to *meet not merely the advanced, but the advancing Demands of the Age.* What, then, does the age demand that our College should be? or rather, in the first place, what does the age demand that it should not be?

"It should not be an Egyptian pyramid, for the preservation of old mummies, literal or psychological. Whatever has vitality in it, whatever has truth in it, these let us religiously preserve, for Truth is endued with immortal youth and beauty, and can give forever and to all without self-exhaustion or impoverishment. But as for the mummies, let the Arab peasants continue to burn them, as travelers tell us they are now accustomed to do, for cooking their dinners. Would to Heaven that all the tyrants of the present day, political and mental, could be put to as good a use.

"Dugald Stewart likens some of the literary institutions of his time to old hulks sunk in the stream, which by their stationary position show to the passers-by how far the living have advanced beyond the dead on the River of Progress. We do not desire to enter into any competition with those old hulks for the honor or repose of their conservatism. Among the moral surveyors who are measuring the onward march of mankind, we would aspire to be found among the foremost chainbearers, pressing right forward in defiance of any obstacle, and up any acclivity; and let those who come after keep the tally.

"We loathe to be classed among the fossil remains of by-gone ages, as belonging to that order of men who, if they had been born during an eclipse of the sun would have protested against the return of its light, or, if they had been born in the ark during the deluge of Noah would have remonstrated against the subsidence of the waters."

The American Eclectic Practice of Medicine. By I. G. Jones, M. D., late Professor of the Theory and Practice of Medicine in "The Eclectic Medical Institute of Cincinnati," etc., etc. Extended and Revised at request of the Author by Wm. Sherwood, M. D., Professor of Medical Practice and Pathology in "The Eclectic College of Medicine;" formerly Professor of General, Special and Pathological Anatomy in "The Eclectic Medical Institute of Cincinnati," etc. In two volumes. Cincinnati: Moore, Wilstach, Keys and Co., 25 West Fourth Street. 1857.

We are not informed how much extension and revision these volumes will undergo by Prof. Sherwood, but his connection with the work when first issued and his well known talent as a writer and a speaker must entirely satisfy our readers that the forthcoming books will be every way worthy those who are engaged in their production.

The American Journal of Insanity for July.

If physicians will admit as true the statement of Grotius that "The care of the human mind is the most noble branch of Medicine," they will appreciate the value of this admirable Quarterly which is entirely devoted to that speciality. This number is the initial one to the fourteenth volume, and we think fully equal to any of its predecessors.

The Half-Yearly Abstract of the Medical Sciences, etc. etc., edited by W. H. Ranking, M. D. and C. B. Radcliffe, M. D., No. 25, January to July, 1857. Reprinted by Lindsey and Blakiston, Philadelphia.

We have already expressed the opinion that this is the *best* Medical Periodical published for the active practitioner, and that no one who has become acquainted with its value can afford to do without it.

Alphabetical Index to Braithwaite's Retrospect; Embracing Part I.—XXXIV. 1840—1857 and comprising the whole seventeen years of Republication. New York, Stringer and Townsend. 1857.

This is an admirable and most valuable index to the well-known Semi-Yearly publication of Dr. Braithwaite, and the many readers of that excellent work will welcome it with great pleasure.

The British and Foreign Medico-Chirurgical Review; or Quarterly Journal of Practical Medicine and Surgery. July, 1857.

The reprint of this work, by the Messrs. Wood, always comes promptly. The present number fully sustains the high reputation it has acquired during a period of near forty years continuous publication.

ABSTRACTS.

Epilepsy.—Dr. Robert Hunt maintains that an abnormal excess of alkali in the blood directly predisposes the nervous system to disease and not only this but that it also causes various chemical changes in' the blood, which result in the generation or retention of noxious matters in the system, which excite a tendency to spasms and convulsions. In epilepsy, where there is an uniform deficiency of organic principles, as urea, and an excess of mineral matters, especially chloride of sodium, in the urine, they have some connection with the state of the blood and the disease in question, and in such cases he has effected cures by keeping the bowels regular, administering twenty drops of diluted nitro-muriatic acid two or three times a day, before meals, with the use of a dilute nitro-muriatic acid bath every night, remaining in it 15 or 20 minutes each time; subacid fruits are to be used freely.

Hemoptysis.—The only remedies to be trusted in severe cases are oil of turpentine, gallic acid, chloride of sodium, or nitre with digitalis; alum is not sufficient to meet the danger. Blood-letting temporarily arrests the bleeding, but is dangerous, owing to the debility and increased susceptibility to the intercurrent affections it gives rise to. In using the gallic acid or turpentine in severe cases we should first procure a transient check of the hemorrhage by ligatures to the limbs and ice to the chest, allowing the internal means to consolidate this temporary cure.

Hemorrhagic Diathesis.—Give full diet: mutton chop, eggs, milk, etc.; as a medicine, gallic acid five grains, dilute sulphuric acid twenty minims, decoction of cinchona an ounce and a half, mix for a dose; to be repeated three or four times a day. If the hemorrhage be from the mouth, apply turpentine with a sponge three times a day. If the surface of the skin be extensively ecchymosed, give dilute sulphuric acid 20 minims, sulphate of iron four grains, sulphate of magnesia half a drachm, infusion of columbo an ounce and a half; mix for a dose, and repeat three times a day. Should there be restlessness, give at night muriate of morphia one-third of a grain, lactucarium four grains.

Bright's Disease.—Liquor Ammoniæ Acetatis, by acting on the skin and relieving the congested condition of the kidney, has been found the best of all remedies for this disease; diuretics at the same time to be strictly avoided, but solvents may be used.

Piles.—When associated with protrusion of the rectum, may be treated with nitric acid; it is much safer and quite as effectual a remedy as the ligature or knife, and there is much less danger from phlebitis.

MSCELLANY.

THE BOSTON JOURNAL AND PATENTS.

It is somewhat amusing to see the various *inconsistencies* would-be conservatives often indulge in. Even the fossiliferous *Boston Medical and Surgical Journal*, the type of conservatism has recently commended a patented article, and according to the Ethics of the Am. Med. Association, has now placed itself quite beyond the pale of the *regular* profession. In an Editorial published in the Journal for June the 25th, it adopts the usual style of the paid Editorials of the secular papers while puffing nostrums, and says:

"Although we are always reluctant to recommend any medicine or instrument, with the virtues of which we are not personally acquainted, we are induced by the favorable opinion expressed to us by two of the most eminent physicians of this city concerning *Parker's Patent*," etc., etc., "to invite the attention of the profession to a contrivance which seems admirably adapted," etc., etc. In February last while giving a commendatory notice of another patented article, the Boston Journal was a little more cautious, and left out the word "patent," possibly with the idea of thus escaping the fiat of excommunication which was pronounced against the State Medical Society, of Ohio.

"Who shall guard the Shepherds ?"

NEURALGIA.

A correspondent who has read Dr. Barrows' article published on page 256 of the Journal, has referred to a work by Dr. Megelin entitled "*Researches in regard to Facial Neuralgia*," and published at Strasbourg in 1816. We will consider it a favor to be furnished with still farther information in regard to this book, and the remedies used by Dr. Megelin.

MEETING OF THE INDIANA ECLETIC STATE MEDICAL ASSOCIATION.

The members of the Indiana Eclectic Medical Association, and all Eclectic physicians throughout the State, are requested to meet at the city of Indianapolis on the 6th day of Oct., 1857, at 2 o'clock P. M., for the purpose of perfecting an organization of the faculty throughout the State. A general attendance is earnestly solicited as business of importance to the profession will come before the meeting. By order,

O. H. Kendrick, *Secretary.*

MARRIED.

At North Brookfield, Mass , 4th inst., Henry T. Bates, M. D., of Lowell Mass., to Miss Lottie H. Bush, of North Brookfield.

THE COLLEGE JOURNAL OF MEDICAL SCIENCE.

Vol. II. OCTOBER, 1857. No. 10.

ORIGINAL CONTRIBUTIONS.

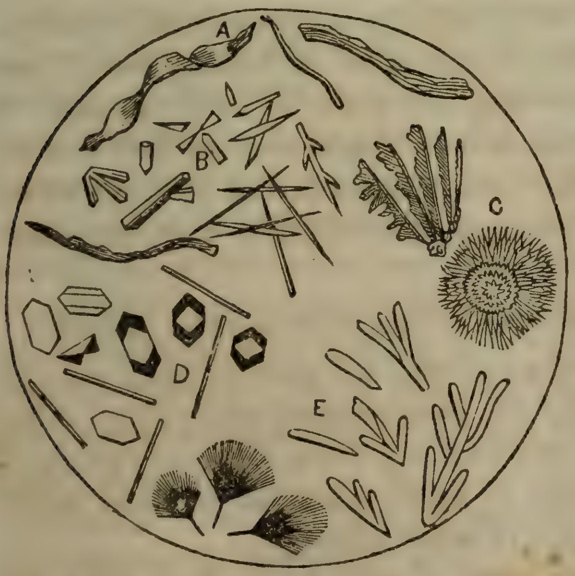
[By Sam'l L. Bigelow, M. D.]

RESEARCHES ON VESICAL CALCULI, AND THEIR MICRO-CHEMICAL ANALYSIS.

[Concluded from Page 296.

URATE OF LIME.

This substance may be ranged among the urates as the third, according to its frequency in the composition of vesical calculi; however, it never forms the principal part of a stone, and is met with rarely and



A. Ordinary forms of hippuric acid, when benzoic acid is administered.

B. Different forms of hippuric acid in healthy urine.

C. Crystals of hippuric acid, by evaporation of an alcholic solution.

D. Crystals do., from an aqueous solution.

E. Crystals do., after the action of hydrochloric acid on urine holding hippuric acid in abnormal proportion.

in very small quantity. It is soluble in boiling water, but less readily than any of the other urates; it precipitates and falls very quickly to the bottom of the vessel in a sandy powder, which partly attaches itself to the sides of the vessel in the form of homogeneous layers. It is found under two distinct forms:

1st. Under an amorphous form, which it presents when precipitated from water holding a large quantity of it.

2d. In crystals, which are its type and which are formed by its slow precipitation; these are in the form of prisms, cut *en biseau*, semi-transparent, united so as to form globular masses from which the ends of the prisms pass out, or else in the form of a fan, or again in the form of two fans attached to each other by their two small extremities.

To make an analysis of these crystals place some on a platinum spatula and calcine it; there will remain a powder, gritty to the touch and soluble in hydrochloric acid. It is carbonate of lime, which disengages carbonic acid gas as it is dissolved. To prove that the residue is lime, it will be necessary simply to have recourse to the means indicated for lime, in a preceding paragraph.

Finally, submit the crystals of urate of lime to the action of acetic acid they disappear from the field of the microscope, and in their place we see the true crystals of uric acid. By the action of nitric acid and ammonia, the scarlet color appears, indicating the presence of murexide, which verifies uric acid under whatever form it may exist.

URATE OF SODA.

This substance is met with very seldom in vesical calculi, even in trace, and still more rarely is it found forming any considerable portion of a stone; like the other urates, it is soluble in boiling water, less readily than uric acid, but more so than the urate of lime or urate of magnesia. Its precipitate is not so flocculent as that of urate of ammonia, but falls rather quickly in the form of a somewhat gritty powder. Instead of two forms, this urate presents three distinct ones, the same as the urate of ammonia:

1st. Presents under the microscope a colorless amorphous powder.

2d. When the water is highly charged with the urate it forms regular globules, very dark colored around the circumference and yellow in the center. Sometimes there sticks out from a portion of the periphery of these round masses an assemblage of needles, similar to those which we recognize as the crystalline type of urate of soda.

3d. The true crystalline form of urate of soda is presented when the crystallization has taken place very slowly; it consists of prisms cut *en biseau* and united in more or less considerable masses, which commonly assume a round form. These prisms are also met with but very seldom, isolated; they are semi-transparent and faintly polarize light. The round masses formed by the union of the prisms are so black that we can hardly see the ends of the crystals which extend beyond their borders.

To prove, in an unexceptionable manner, the true nature of these prisms we place some on a platinum spatula and calcine it. There will remain on the spatula a white residue, which fuses at an elevated heat; this residue is carbonate of soda, and is dissolved on the addition of a drop or two of water, which solution restores the blue color to reddened litmus paper. Place a drop of this solution on a glass slide, add to it a drop of chloride of platinum, and then carefully evaporate over an alcoholic lamp. Before the liquid is entirely evaporated place the slide under the microscope, where we will witness the formation of large prisms of an indefinite length, very transparent, and possessing, in a high degree, the power of polarizing light. These prisms are formed by a double decomposition occurring between the soda and the platinum salt; it is the most delicate reaction known to determine the presence of soda. The prisms are very soluble in water.

When we act on the prisms of urate of soda by nitric acid and ammonia, the murexide is produced the same as in the other urates, verifying the presence of uric acid. If, when under the microscope, acetic acid be added to the urate of soda we will observe this salt to disappear and crystals of uric acid take its place.

URATE OF POTTASSA.

The remarks on the urate of soda, as to its crystalline form and its general constituent formation, will likewise apply to the urate of potassa. Its behavior under the chemical reagent, chloride of platinum, which is proper for it as well as the urate of soda, is very different; so that the chloride of platinum serves as an unique reagent to clearly distinguish between these two bases, soda and potassa. We have seen that soda forms under the action of this reagent regular prisms, cut *en biseau*, which polarize light; potassa forms with this test regular octaedral crystals, which do not polarize light. These two salts, urate of soda and urate of potassa, may be present together in a stone, but in very small traces.

As stated in the preceding paragraph, chloride of platinum is the most powerful test for demonstrating the existence of these two bases, whether separated or together, giving to soda the prisms peculiar to it, and to potassa the regular octaedral form. When these two bases are found together they are verified to us by this reagent which gives to each its appropriate crystalline form; the potassa octaedral, being but slightly soluble in water, and not polarizing light; the soda prisms being very soluble in water and polarizing light. In addition we may employ the means indicated for the chemical investigation of these two bodies.

URATE OF MAGNESIA.

Urate of magnesia is present in vesical calculi under two different forms; the first is the ordinary urate, whose existence has long been known; the second, discovered by myself, and which I have named the *bi-urate hydrate of magnesia*, differs essentially from the first in relation to the chemical equivalents of its base and uric acid; it also differs in a very marked manner by holding a large quantity of water of crystallization, which is not contained in the first. This is a very rare form; I have met with it but twice among several hundred analyses. These salts are as follows:

1. *Urate of Magnesia.* Next to the urate of ammonia the urate of magnesia enters the more frequently into the formation of vesical calculi; like the first it sometimes, but very rarely, forms the principal substance of a stone, but is frequently found in considerable quantity. This first form of urate of magnesia is more readily soluble in boiling water than the urate of lime, and less readily than the other urates. As the water cools it precipitates in the form of a white powder, less flocculent than that of urate of ammonia, and less gritty than the urate of lime; it is also precipitated quickly to the bottom of the vessel. Under the microscope this urate presents two distinct forms, the first consisting in amorphous masses, and the second, which is the crystalline type of urate of magnesia, is in the form of prisms, cut *en biseau* and more frequently united in great numbers to form globes. These prisms are also met with, in the field of the microscope, isolated; they are flat, like ribbons, semi-transparent, and possess the faculty of polarizing light; they are hardly .010mm in width, and of variable length. It sometimes happens that the large globes formed by the union of these prisms swim upon the surface of the water where they are developed; then it is not rare to find them of a white pearly luster, and of a silky texture, appearing to the naked eye like small pieces of white satin; they sometimes attain 1mm in width.

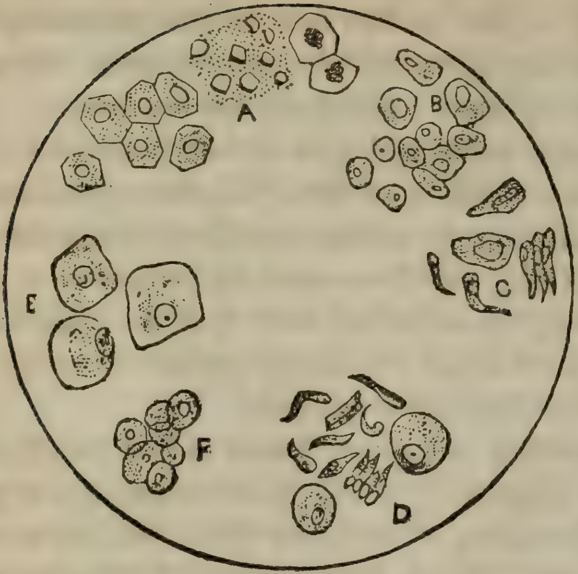
To analyze these crystals we at first calcine them on a platinum spatula, when a white residue, carbonate of magnesia, will be left. Place this residue on a glass slide and dissolve it by the addition of a drop of hydrochloric acid; then add to the solution a drop of phosphate of soda, in solution, and of ammonia, when we will see the arborescent crystals of the double phosphate instantly appear in the field of the microscope, being formed by the double decomposition which has occurred among the substances entering into the solution. So much for the base.

To verify the presence of uric acid combined with the magnesia to form this urate, we proceed in the same manner as with the other urates and uric acid. For instance, we place some of the crystals on a platinum spatula, add some nitric acid to them, and then carefully evaporate in an ammoniacal atmosphere. It may be remarked here that the examinations of the amorphous precipitates of all the urates are to be made in the same manner as those of their distinctive crystals.

I will add here that in case several urates are found united together, or with uric acid, which occurs frequently, it will be necessary to pursue the several processes heretofore named in order to detect the bases, as ammonia, potassa, soda, lime, etc. Then, by the forms of the crystals and the general aspect of the precipitate, under the microscope, we will be able by a little practice to make a sufficiently exact quantitative estimate of the several substances.

2. *Bi-urate hydrate of Magnesia.* As yet I have only found a single and unique crystalline form for this novel urate. Its crystals present very remarkable differences from the other form of urate of magnesia, both in their form and in their behavior under chemical reagents. These crystals are quadrilateral with regular angles. They are generally near a millimetre, at least, in breadth, and from 0.30m to 0.50m square. At first they are transparent, of a clear straw color, like that of Canada Balsam, and may be mistaken for crystals of hippuric acid ; they may be distinguished, however, from these, which are very soluble in water, while the crystals of this form of urate are insoluble in that fluid.

Exposed to the air for some time these crystals become opaque and acquire a white silvery color, which phenomenon occurs in consequence of the loss of their water of crystallization, which these crystals hold from the moment of their formation. Submitted to the action of heat these crystals break with a noise and are violently scattered around, so that great care must be taken to commence with a low heat and gradually drive off their water of crystallization. After calcination the residue preserves the form of the original crystal, is white, and presents the same chemical reactions as the residue obtained by calcining the crystals of the first kind of urate of magnesia. Submitted to the action of acetic acid, or ordinary hydrochloric acid, agents which promptly decompose the first form of urate of magnesia, these crystals remain intact. If concentrated hydrochloric acid is added we will observe after a few seconds,



A. Glandular epithelium for the kidneys.

B. Tesselated epithelium from the pelvis of the kidney.

C. Epithelium with large and distinct nuclei, from the ureters.

D. Columnar epithelium, from the fundus of the bladder.

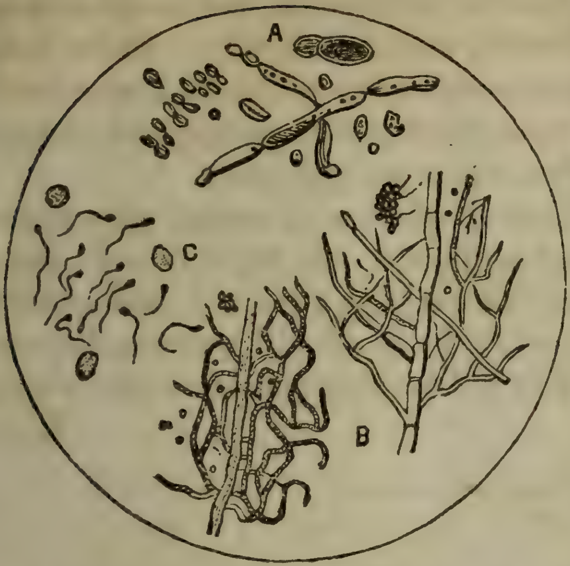
E. Large flattened cells, with a very distinct nucleus and and nucleolus, from the trigone of the bladder.

F. Epithelium from the bladder.

in the field of the microscope, that the crystals lose their transparency and assume a yellow color, which soon becomes a very deep black, if the action of the acid is continued. After three or four minutes crystals or small plates of uric acid commence being deposited; the crystal of urate of magnesia slowly loses its form and breaks into fragments resembling, to the touch, pieces of stone or gravel. These fragments are not dissolved; they remain in the field of the microscope, black and of irregular forms. At the commencement of the action of the acid upon these crystals there may occur a more or less considerable disengagement of bubbles of gas. I have not been able to obtain enough of these crystals to make an exact quantitative analysis of their constituent elements; this task remains to be finished—I am only able to indicate the existence of this body.

[Hippuric Acid.—Hippuric or Uro-Benzoic acid is generally the result of the decomposition of benzoic acid taken internally; it exists as a normal constituent in the urine of the horse and cow. It may be obtained from fresh urine containing it by evaporating the urine to a syrupy consistence, then adding about half the bulk of hydrochloric acid, and in a few hours a deposit will ensue; boil this in alcohol, filter, and evaporate. Hippuric acid occurs in long, slender, four-sided prisms, terminating in two flat surfaces at the ends, or in the form of very small spangles. It is sparingly soluble in cold water; soluble in boiling water, alcohol, and sparingly in ether; dissolves without change in hydrochloric acid; is converted into benzoic acid by nitric acid: has a slightly bitter taste; and is fused by a strong heat, forming a reddish colored oil, having an odor like that of Tonka beans.

Albumen.—Albumen in urine coagulates by heat, and is not dissolved



A. Torula Cerevisiæ, found in urine after it has undergone saccharine fermentation.

B. Penicilium glaucum, a fungvs growth in acid urine containing albumen, when exposed to the air.

C. Seminal animalcules or spermatozoa, and seminal granules.

by nitric acid. Nitric or hydrochloric acids added to urine precipitate albumen. In an examination both heat and nitric acid should be used. In alkaline urine albumen will not be deposited until the urine is rendered slightly acid.

Mucus and Pus.—These resemble each other, but may be distinguished by *mucus* not diffusing through urine by agitation; by its forming irregular, tenacious, ropy masses; by its solubility in liquor potassa, and by not being coagulated by heat or nitric acid. *Pus* diffuses through urine when shaken, forms a ropy, gelatinous mass with liquor potassa, and coagulates by heat or nitric acid, owing the albumen which it always contains. *Oil globules* are transparent and clear, and soluble in ether. *Blood corpuscles* are smaller than pus globules, yellow, and frequently appear in masses resembling rolls of coin.

Diabetic Sugar.—Urine holding sugar is pale, having a greenish tint, and clear, unless other principles are present, as phosphates or urates. It is usually passed in large quantity, and contains a diminished amount of urea. It may be detected by several methods:

1. *Maument's Test.* Saturate strips of white merino, or other *woolen* tissue, with a solution of bichloride of tin, and dry at a gentle heat. Moisten one of these strips with the suspected urine, or any other liquid containing sugar, and then expose it over a lamp, or near a fire to a heat of about 290°, if the smallest amount of sugar be present the woolen will immediately assume a brownish-black color at the part in contact with the saccharine fluid.

2. *M. Luton's Test.* To a cold saturated solution of bichromate of potassa add an excess of sulphuric acid, in such a manner that some free sulphuric acid will be present when all the chromic acid is liberated. This forms a beautiful limpid red fluid, composed of water, chromic acid, and bisulphate of potassa, with an excess of sulphuric acid. It acts at

once without any previous preparation of the urine, and its action is not disturbed by the presence of albumen, urea, or uric acid. To use it add enough of this test fluid to the suspected urine to impart a red color to it, then warm the mixture; a brisk effervescence ensues, and, if sugar be present, the color changes from red to emerald green.

3. *John Horsley's Test.* Take of solution of neutral chromate of potassa and liquor potassa, equal parts, and mix together. To use it place some of the suspected urine in a test tube, and add a small quantity of the above test; if sugar be present the liquid will assume a deep sap-green color on being boiled. This test is not applicable to cane sugar.]

K.

MANGANESE IN CHLOROSIS AND AMENORRHŒA.

BY LEWIS E. MILLER, M. D.

In the January number of the College Journal for this year is mentioned that in Dr Johann Kovascy's vademecum clinicum are formulæ for the employment of the Oxide of Manganese in Chlorosis and Amenorrhœa, and as the formulæ are not there given I here present them:

℞ Mangani oxidati nig., gr. iv.
Ext. Sabinæ,
Ext. Aloes, āā grs. X.

M. f. pill. No. VI. Dose, one pill at a time during the day.

Useful in Amenorrhœa.

℞ Mangani oxidati nativi, grs. iij.,
Digitali purpu. fol. pulv., gr. j.,
Sacch. Lactis, grs. viij.

M. f. Pulvis Div. in Chart, equalis No. vj. Take three powders a day.

POISONING BY THE OIL OF TURPENTINE.

BY H. ALVORD, M. D.

In a recent case of poisoning by the oil of turpentine, I looked in our Lexicon for the *antidote* for the poison, and gave Ammonia as here indicated, and the patient was soon quite relieved. I think the antidote saved the patient's life, and my use of it was owing to the Lexicon being at hand.

INFLUENZA—ITS TREATMENT.

BY LEWIS E. MILLER, M. D.

Synonym: Catarrhus epidemicus; Febris catarrhalis epidemica; Catarrhus contagious; Grippe.

It has no prophylactic. We do not possess an agent to destroy the contagion. Our treatment is no specific one and depends on the character and form of the epidemic. The mild and simple form requires only a stay in a symmetrical but well ventilated temperature, confinement to the bed, restoration of the activity of the skin, vegetable diet, cooked fruit, mucilaginous tepid drinks, with small doses of the *Tinct. Serpentariæ compositæ, or liquor Ammonia acetatis* and *Dovers' Powder*. But I would warn all against a continued diaphoretic treatment. Sometimes are emetics of use, but only the mildest ones and I would always prefer the Ipecacuanha, provided that no congestion towards the head and chest existed. But as for the most part, so predominant a quality of the secretions of the gastro-intestinal surface is there, we have to give for the purpose of neutralizing the acid, calcined Magnesia, or where we have a disposition for Diarrhœa the compound powder of Rhubarb, or an infusion of Ipecacuanha (ʒss to ℥vi Colature) with Cubic Nitre ʒii (Natrum nitricum of Rademacher). It is therefore hardly ever necessary to use emetics. In such cases I follow afterwards with such remedies as affect the skin and produce free expectoration:

℞ Pulv. Ipecacuanha, gr. i.,
Golden Sulphuret of Antimony, grs. iv.
Ammonium Muriaticum,
Ext. Liquiritiæ, āā ʒiss.,
Aqua Laurocerasi, ʒ iss,
Aqua distillata, f℥v.

M. Dose, one tablespoonful every two hours.

Peacock (on the Influenza, etc.; London, 1848), recommends early in the beginning of the disease repeated large doses of Morphia—½ gr of acetate of Morph. to cut short the disease. But it is as I have found by observation and experience of doubtful propriety, hardly ever necessary and only applicable in the mildest form of fever.

In a synochal fever, an ointment of Ipecacuanha and emollient fomentations are indicated.

℞ Cubic Nitre, iss to ij dr. to fviii ounces of water and 1 dr. of Vin. Ipecacuanha.

Every hour a tablespoonful. Or emulsion of slippery elm bark combined with Vin. Ipecacuanha, or small doses of Lobelia inflata. In regard to the administration of Lobelia inflata I advise to combine it with cooling and sedative acids and salt, or sometimes with Camphor, Ether, Ammonium, etc. I have found the Eupatorium perfoliatum of great service, which is eulogized by Dr. Peebles.

When we have any rheumatic complication, it needs vesicants upon the affected parts, and opodeldoc as an embrocation, with a diaphoretic at night.

In the torpid form we have to treat in the beginning with Valerian and Spirit of Mindererus, Senega, Cimicifuga, Benzoic acid, tepid washing and bathing.

Inhalation of chloroform is by some recommended, but I have found that the relief is only transient; the pain soon returns, and often with violence.

When there is a small, slow pulse, emulsion with Camphor, and sometimes Arnica is of great service. When we have any decided congestion or irritation towards the head we should use ice or cold applications to the scalp, foot baths, and sinapisms. If difficulty of deglutition exists I administer a gargle made of sage tea, vinegar and honey. When there is swelling of the glands, an ointment of Iodide of Potassium (ʒss to ℥i lard); in painful affections of the ears I lay cotton, diped in tepid milk or oil, in the ears; in affections of the eyes I use an eyewater made of Plumb. acetic. with Tinct. of opii crocatæ.

The harassing cough requires narcotics, Ext. Hyosciamus, Lactuca, Belladonna, Hydrocyanic Acid and Hydrocyanate of Zinc, or aq. Laurocerasi. Here is the Tinct. Lobeliæ inflatæ and Tinct. Lobel. inflat. etherial, in small doses, without creating nausea, of excellent service.

In the end of the epidemic we very often observe Blenorrhœa, and then is Gallic Acid, Gum Kino, Geraniin, sulphate of Iron; or Opium applicable and required.

Rawlins recommends the sulphate of Quinia in every stage of the disease. It is a good remedy, but Quinia cannot be given in the majority of cases on account of the oppression and irritability of the stomach and the derangement of the digestive organs in general. I prefer Salicine, which does not disturb the system.

Even the old school speak in Influenza against extraction of blood and drastic purgatives, which often complicates the disease and makes it dangerous. If we use any purgatives we have to choose the mildest ones—enemata deserve a preference. Dropsy very often follows this disease and I generally prescribe Foxglove, Dulcamara, Onions, Scilla, sometimes Ammon. muriat. and Liq. ammon. acet.; Aloe, Jalappa and Gum. Guttæ. During the convalescence it is necessary to prescribe Tonics to restore the languishing functions of the stomach.

SCARLATINA—ITS TREATMENT.

BY LEWIS E. MILLER, M. D.

A year ago last fall I had had the charge of about fifty cases of Scarlatina; one only has terminated fatally. Since Scarlet Fever, in some of its forms, is so extensively prevalent, and often so very fatal, I think it is the duty of every physician to publish his observations and experience, and the mode and result of his treatment on such a destructive disease to which children are liable, especially if that treatment proves to be successful. It is for this reason that I lay before the readers of the College Journal the treatment of Scarlatina, which proved to be successful in most cases, provided I was called immediately after the attack.

You are aware that Belladonna is believed by many to exert a preventive and protecting influence upon the body against the contagion of scarlet fever. Hahnemann, the author of the Homœopathic hypothesis (and thereby of much mischief to mankind), was the first to assert this. I have tried it with more or less success, and I have never seen any bad result from its administration. I give the Belladonna in the following formula:

℞ Belladonna herb powd. grs. $\frac{1}{12}$—$\frac{1}{24}$.
Sugar powd., grs. x. M.

Form six powders. S. Morning and evening one powder for a child 10 years old as prophyllaxis.

℞ Extr. Bellad. grs. jjj.
Distilled Water fʒ x.

M. Dose, children, one year old or under, take twice daily 2 to 4 drops and one drop more for every year above that. The dose for an adult is 15 drops.

℞ Bellad. powd. root, grs. jjj.
Sugar of Milk, ℈ viii.

Form 60 powders. S. Two to doses daily to a child one year old and one powder more for every year above that age.

The question in relation to the prophylactic properties of the Belladonna in this disease is a highly interesting one. In proof of the power of the Belladonna to guard those who have been placed under its influence from an attack of Scarlatina, we have certainly some very strong and respectable testimony. Dusterbery reports that all who were placed under the influence of the Belladonna for the space of two weeks were preserved from the scarlet fever. In order to ascertain the real value of the article he purposely omitted to administer to one child in each family, and this one alone, according to his report, was seized with the disease. Zeuch, physician to the Military Hospital for children, in Tyrol; Schenk, Berndt, Kohler, Meylin, DeLens, Hufeland, Masius, Gumpert, Muhrbeck, Behr, Beeke, Suttinger, Kunstmann, Gennecki, Maisier, Velsen and Dr. Stievenart, of Valenciennes, and many other respectable practitioners, speak in equally high terms of the preservative qualities of the Belladonna. T. Cheston Morris, M. D., of Philadelphia, has published an article: "Experiments made to determine the Protective Power of Belladonna in Scarlatina;" which experiments prove that the Belladonna does actually possess the property of shielding the constitution from an attack of scarlatina. I have found that those children that were under the influence of the plant and were attacked by scarlatina in spite of the protective power of Belladonna, had only a very slight attack and in the mildest form. Washing with tepid diluted vinegar is said to be a prophylaxis against its infection.

There are several varieties of scarlatina, each of which requires a different treatment. In scarlatina simplex of a mild character, but little treatment is requisite, and it is fatal only through the officiousness of the doctor. The patient's apartment should be cool and well ventilated; the diet should consist of farinaceous substances and cooling drinks; the bowels should be kept open with mild aperients and injections; Gargarisma out of nitr. of Potass. and muriate of Ammonia. In scarlatina anginosa I relieve the inflammation of the throat and meningitis by the application of leeches, sinapisms or blisters to the throat and head, and apply to the inflamed fauces a solution of nitrate of silver. When the disease is accompanied with a gastric derangement I begin with an emetic at the very first attack, particularly when the throat is much affected, and its good effect was always most conspicuous. I consider purgatives in this disease, as well as others, to be very valuable; they moderate arterial action, relieve the pain in the head, prevent delirium and remove the morbid state of the liver, stomach and whole alimentary canal. I generally use the compound powder of Jalap combined with Cremor tartar, which I found to be a very valuable purgative.

In scarlatina maligna I give diluted muriatic acid and liquid oxymuriatic acid (chlorine water), in the following formula:

℞ Chlorine water, fʒ iv
Distilled water, fʒ iij ss
Sugar, ʒ ss.

M. Dose, a tablespoonful 3 or 4 times a day, in gruel as a beverage.

If the cutaneous efflorescence (Exanthema), does not appear upon the skin I recommend sponging with chlorine water and diluted spirit of camphor. If the Exanthema is of livid color, the skin very dry and has little turgescence, and the extremities are cold, then sponging with warm water; but if the skin is dry, burning hot, and the patient has no congestion of the brain and lungs, I recommend sponging with cold water every two or three hours. If sopor set in, sponging with cold water.

Dropsy is an occasional consequence of scarlatina, and it is questionable whether an inflammatory phenomenon of the kidneys existed or a diseased condition of the blood (inclination to hypinosis). So long as the urine presents albumen, extravasation of the blood, and acidity, the patient is not in danger; but when the urine is light colored, phosphatic, and contains a great quantity of albumen I consider the patient to be in great danger, because these symptoms indicate that the diseased condition of the blood is increasing considerably. If the urine is bloody, albuminous and acid, the physician's intention must be to lessen the congestion to the kidneys and to produce free discharge of the urine. An antiphlogistic saline and diuretic treatment is here indicated. So soon as the albuminous urine becomes paley- ellow and ceases to be acid the antiphlogistic saline treatment should cease; it is necessary then to counteract the diseased condition of the blood and to increase its plastic condition by iron and tonics. The same treatment is required when a very emaciated anæmic child is attacked with scarlatina, with very little eruption, and œdema suddenly appears.

The first indication in this kind of dropsy is mitigation of the irritation of the skin and kidneys, which can be done best by a warm bath. It must be applied often, but one must not forget that both disease and remedy have a debilitating effect. One must have a care, therefore, that it is not applied oftener than the strength of the patient allows it. Most patients will bear it once daily for several days in succession; sometimes it can be used daily twice, but the daily use of a warm bath is often dangerous. In cases where the symptoms of dropsy appear we can prevent it by the daily use of the warm bath during the time desquamation is going on or if it should exist. The next most important remedies are purgatives: Jalappa, Scammony, and the compound powder of Jalappa and saline purgatives. We can combine also with these remedies a mild diuretic, especially Cremor tartar, which is here very valuable in small doses; also nourishing diet, sometimes even some wine. As soon as the symptoms of meningitis appear apply a blister to the neck. I have found the following formula, during my seven year's practice, very useful and valuable in asthmatic dropsy after scarlatina, and I recommend them, therefore, highly to the medical profession:

℞ Ipecacuanha root, ℈i-ʒss, make an infusion,
Colature, f℥ iv.,
Spirit of Nitre, f℈i-fʒi.,
Juice of Juniper, inspissated, f℥ i.
M. Dose every hour—one table spoonful.

℞ Elecampane root (Rad. Helenii), ʒi., make infusion,
Colat., f℥ iv
Carb. of Potassa, ʒss., saturated with vinegar of squill,
Syrup of Lemon, f℥ss.
M. Dose every two hours—one tablespoonful.

℞ Liquor ammonia acetatis,
Liquor potassæ acetatis,
Syrup of squill (oxymel scillæ), āā f℥ iss.
M. Dose every two or three hours—1 to2 tablespoonful.

When the skin is already overcharged with the acute Exanthemata, which are caused by a specific poison, for example scarlatina, and the process of poisoning of the blood continues, so that the skin is not able further to receive the separation of the poison—in other words, when the poison is greater than the surface of the skin is able to receive—then the patient dies. At all events it seems as if the poison is taken up by the lungs, the blood decomposed, and reproduces itself again as poison and it must be removed by the organs of secretion and sensation, the kidneys and skin. If these organs are not strong enough to separate (secrete) the poison it throws itself upon the brain, produces convulsions and the patient dies quickly. This takes place very often in scarlatina.

Opposite to the above symptomatic treatment ef scarlatina we have a specific one with Ammonium carbonicum (carbonate of Ammonia), which seems to act similar to the vaccination against Variola. The carbonate of Ammonia proved to be a valuable remedy, especially against the genuine scarlatina with all its malignity. Firstly, the room of every patient must be well ventilated, of a cool temperature. the patients must lie on good mattress, only covered lightly, then they receive the following mixture:

℞ Carbonate of Ammonia, ʒss-ʒi.,
Distilled water, f℥iii.,
Syrup simple, f ℥ i.
S. Every half hour one teaspoonful, or ½ tablespoonful; which mixture they must take day and night without interruption. The dose of the

carb. of Ammon. varies from ʒss to ʒi., according to the age of the child. In excessive activity of the vessels and every time of approaching delirum, give injections of a concentrated decoction of wheat-bran conbined with one or two tablespoonfuls of good vinegar. These enemata must remain, and their effects are extraordinarly beneficent, calming and cooling. I have used them frequently in my practice and I make two or three injections of this kind in 24 hours, but sometimes only one in the evening according to the urgency of the case. The medicine must be continued uninterrupted until remission of the fever, and the eruption has made its perfect appearance; then I give every three or four hours half a tablespoonful and the clysters discontinued. The beverage is cool water or sugar water. When desquamation takes place, the patient must be kept gradually warmer and I give the mixture every four hours and once in a while a teacupful of Linden blossom tea. On the third day after desquamation takes place, usualy on the ninth day of the disease, I prescribe a bath consisting of warm soap-water. I rub the patient gently in the bath the whole surface of the skin, and after this is done, the child must be wiped dry with warm cloths, put in a warm bed well covered, and a gentle transpiration produced by a cupful of tepid Linden blossom tea, for about an hour. Every other day I order such a bath, every time somewhat cooler than the former until after four or six baths the skin is restored again. The medicine will be discontinued after the second bath and light nourishing diet prescribed. This treatment proved to be also valuable against scarlatina complicated with Pertussis. If a cough should remain I prescribe generally a mixture of Spirit of Mindererus with Syrup of opium and Elder-flower water.

In the year 1849, Dr. Schneemann, physician at the Court of the King of Hanover, Germany, recommended the inunction of the entire surface with the exception of the face and scalp, as an effectual means of preventing the injurious effects of the exanthema on the functions of the skin; the inunction so modifying the eruption that scarcely any desquamation takes place, and the skin thus continuing in a state of comparative integrity, a beneficial influence is produced on the several organs implicated in the disease, particularly the throat, that normal condition is in every case, and in every part, speedily restored. Dr. Scheenmann directs the patient to be rubbed every morning and evening, over the whole body, except the face and hairy scalp, with a portion of bacon, in such a manner that the skin may be regularly but not too quickly saturated with fat. This simple plan of treating scarlatina has attracted no little attention, some of those who have given it a more or less extensive trial speak of it favorably, while others believe it to be productive of little or no benefit.

I have employed inunction during many epidemics of scarlatina and I have found it to be a certain and quick cure of the disease, free from all danger, according to my own experience, and I can recommend it therefore to the profession. The inunction is not made warm but the fatty substance has to be cool before we use it. Before we make the inunction we put the bacon close to the fire to cause the development of the fatty substance. The patient must stay in a cool temperature of 13 deg. R.; the window must be opened often, to keep the air pure and we must not cover him too warmly. The patient must remain in the bed as long as he has any fever, and we recommend to him a strict diet (water-gruel, stewed fruit, light bread). Dr. Schneemann allows his patients to get up and to use the common diet again as soon as the fever has subsided; after the tenth day he permits them to go out of doors. It is an important question, if this protecting cover of the bacon-inunction would not be more salutary and safer with collodium[22]. Dr. Lindsly who resorted to it during a very severe epidemic of scarlatina, concludes, "that it will probably be found the most important improvement that has been made for many years in the management of scarlet fever." Dr. Ebert employed inunction during an epidemic of scarlatina in Berlin and the result, according to his account was tolerably encouraging: of twenty-eight severe cases six terminated fatally; of these six, five had not been subjected to inunction; the remaining one was an infant who died suddenly after one inunction. According to Dr. Ebert, the inunction of the surface appeared to hasten rather than to prevent the appearance of the exanthema. In those cases which were assiduously annointed, no desquamation occurred, neither were any of the sequelæ, as anasarca, abscesses etc., observed. The anointing was also thought to prevent infection. Dr. Paul F. Eve of Augusta, Ga. has resorted to inunction in scarlatina and reports favorably of its effects, as does Dr. Cain, of Charleston, S. C. In the reports on epidemics, made to the American Medical Association, as well as to the Pennsylvania State Medical Society, at their session of 1852, the inunction of the surface with clean lard in cases of scarlatina, is occasionally spoken of in very favorable terms. As yet I have not in my possession a sufficient amount of evidence, in regard to the general results of the practice, to enable me to form any correct opinion in respect to it. I have had no opportunity of testing its effects in my own practice, but from the decided benefit I have invariably derived, in cases of erysipelas, from covering the inflamed surface with a thick coating of lard, I should infer that the same practice might be beneficial also in scarlatina.

With regard to the critical affections of the brain, I advise to lay ice upon the head, and sinapisms to the thighs for about 30 or 40 minutes, and Ammon. carb. internally. When delirium and coma set in and the urine is scanty, I prescribe the following mixture:

℞. Spirit of Nitre, fʒiii.,
Acetate of Potassa ʒii.,
Tinct. of Colchicum seed, f℥ss.,
Distilled water, f℥iii.,

D. Every four hours one teaspoonful. The symptoms of the affection of the brain disappear then, because they are not produced by inflammation, but by retention of urea in the blood. Against the inflammatory sore throat in scarlatina I recommend leeches or cupping, emetics application of Nitrate of Silver solution (℈i to an ounce of water) to the deep red membrane of the soft palate and pharynx.

I have found the following gargle-water of excellent service:

℞. Chloride of Sodium, ʒii.,
Cayenne, ʒii.,
Vinegar, f℥jv.,
Boiling water, f℥jv.

M. Gargle the throat several times a day, and at the same time taking one teaspoonful of it. Autenrith recommends Benzoes flowers highly, in scarlatina. Delong (*Boston Med. and Sur. Journal.* Vol X. p. 95,) administered in scarlatina cases where the exanthem would not appear: Oil of Turpentine, 10 to 60 drops with 1 to 3 teaspoonfuls of oil of Rosin. Fisher used with success the Sulphuric acid when there was vomiting, and a dark color of the urine in the beginning of Dropsy. Nagel gave Camphor (1-6 to ½ grs.) to hasten the eruption in malignant scarlatina. Schlesinger says that an infusion of Ipecacuanha is a specific prophylactic in this disease. Dr. Rademacher asserts that scarlatina is an affection of the whole organism, but predominating in the skin which in many, but certainly not in all cases, is under the curative power of cubic Nitre [Natrum nitricum]. In all cases of scarlatina where cubic Nitre is indicated as a remedy, it appeases the alarming symptoms and cuts the disease short, yet on the fourth day where the Exanthem has already appeared, one can do a great deal with this medicine to conquer the disease. Rademacher gives Natr. nitric· ℥ss, Distilled water f℥viij. Every hour one tablespoonful. When diarrhœa is present, he prescribes the Cubic Nitre in an Oil-emulsion, [Oil of sweet almonds, fʒss., Gum arabic, ʒii.

Distilled water, f℥ viij, form emulsion; dissolve in the emulsion ℥ss. Cubic Nitre]. If we see no cessation after the administration of Cubic Nitre, but a progress of the disease, it is a sure sign that we have no Cubic Nitre-affection before us but the disease stands then either under the sanative power of the Iron or Copper. When no nervous symptoms are present, we think it rather an Iron-Affection and give then the Tinct. Ferri acetici [made according to Rademacher's own formula]. But when in this disease the muscular power sinks considerably, the sensorium is disturbed and darkened, and the pulse loses its fulness and gets more frequent we then think it to be a Copper-Affection and give the following mixture: Gum. Tragacanth, ℈i., dissolved in Aqua-font. f℥ vii., Cinnamon-water, f℥ i., Tr. cupri-acetici, ʒii. m. d. Every hour, day and night, one tablespoonful. When Diarrhaœa, is present in Copper-Scarlatina [when copper is indicated as a remedy] he gives the Tinctura cupri acetici in an oil-emulsion.

Dr. Asbrey [*Graves & Gerard's Clinical Medicine*, page 453.] speaks of bleeding and mercury in scarlatina in the following manner: "Having had frequent opportunities of seeing the effects produced by the use of mercury, and also by local bleeding in the practice of others I carefully avoided having recourse to such methods of treatment myself; the former, with rare exceptions, inducing purpura, passive hemorrhages, and sloughing, the accession of which is so much to be dreaded, and which are so liable to supervene of themselves. The latter precipitating dissolution by increasing the disposition to coma and collapse. I may here remark, that it is greatly to be deplored that many are so prone to submit young children to mercurial treatment in all cases which show any degree of obstinacy in resisting ordinary remedies without considering what possible object there may be in doing so, or what deleterious results are likely to accrue from it; and rarely have I observed such treatment followed by more woeful consequences than in the epidemic of Scarlet fever in this city. Instances where mercury has been carelessly and indiscriminately given to them for other complaints by practitioners, are frequently brought to my dispensary, in which most dreadful sloughing and dysentery arose from its use."

Dr. T. B. Brown [London, 1846] recommends Acid. Aceticum dilutum [diluted acetic Acid] in Scarlatina.—Dr Mafattlyi speaks very favorably of the flowers of Arnica, and Stieglitz employed them with much advantage in the sinking stage of malignant scarlatina. Reid strongly recommends large doses of musk, particularly when much restlessness and nervous irritation exist.

The malignancy of scarlatina so often baffles all the above named methods and remedies that many practitioners have abandoned them all, and have tried the hydropathic method. I must here earnestly recommend to all my medical brethren the Water-cure, this best of all remedies for the formidable disease of which I have been speaking. I have used cold water fearlessly in the way of ablutions, wet sheets, compresses, clysters, drinks, and I confess that I have learned to understand the virtues of cold water in this disease and have saved many lives. There is far less disagreement among medical writers respecting the use of water than drugs in this disease. Dr. Elliotson, Dr. Burns, author of a work on "Midwifery," Dr. Dewees, Dr. Currie, and Dr. Good regard the use of water a remedy of utility in scarlatina, and recommend it in the highest terms of praise.

I used the wet-sheet pack in many cases of scarlatina last fall which produced the crisis and restored my patients to their former health again, and I can therefore recommend to the profession as a sure remedy particularly when all other remedies fail. I know very well that many people are opposed to such medical treatment and get alarmed about the application of cold, but the duty of the physician is to prevail upon them to suffer the trial. This is one of the most useful as well as one of the most abused of all the Water-cure processes. In this process I use a coarse linen sheet—although a coarse cotton one answers tolerably well—of a length sufficient to reach from the patient's head to the soles of his feet, and about two yards in width. The bed is stripped of all its covering, one or two pillows only being left for the patient's head. One or two comforters are then spread upon it, and over these a like number of woolen blankets, which are not so much injured by the wet as cotton comfortables. The sheet having been pretty well wrung out of cold water, is then spread out as smoothly as may be upon the upper blanket. The patient being undressed, lays himself at full length upon the sheet, and holding up his arms, an assistant laps one side of it over the body and lower limbs, the arms are then dropped at the side, after which the other side of the sheet is lapped over as before. The blankets are then, one by one, brought over the person in the same way and tucked under from head to foot, and then comfortables in the same manner, if such are used. It is best always to place a wet towel covered with a dry one on the patient's head while he is packed, or if it does not chill too much, the dry towel may be left off. The time for remaining in the sheet is from fifteen to thirty minutes, and this process is repeated until the temperature and the circulation are reduced to the natural standard, and the skin becomes soft and perspirable. Much sweating is not usually to be desired.

This process is admirably calculated to answer two general indications; to reduce the heat of the body and the force of the circulation, and as an alterative to correct morbid, and restore healthy secretions. It produces also incidentally, a detergent or cleansing effect and exerts a wonderfully sedative or soothing influence on the whole nervous system. The first disagreeable sensation of cold is usually followed by a pleasureable warmth over the whole surface. It is capable of superceding to advantage, bleeding, antimony, calomel and other injurious agents. In scarlet fever and in all acute inflammatory disorders, it may be employed with a freedom exactly proportioned to the degree of morbid heat, and force of the pulse. Much of the comfort or disagreeableness of the process depends on the skill and the dexterity of the attendant. There is at least as much science in applying wet cloths to the naked body as in rubbing in an ointment or putting on a blister. Dr. Samuel Jackson recommends highly the use of cold water in this disease.

STRABISMUS.

BY PROF. A. J. HOWE.

So little is said concerning Strabismus in surgical works unless devoted to the eye as a speciality, and then the display that is made in presenting the different views of various authors upon the subject, so often confuses those not familiar with the deformity and its treatment, that I have been induced to present to our readers an article on Strabismus, hoping if unable to offer anything new, at least to call fresh attention to this subject, and clearly demonstrate the best methods of treatment now in practice.

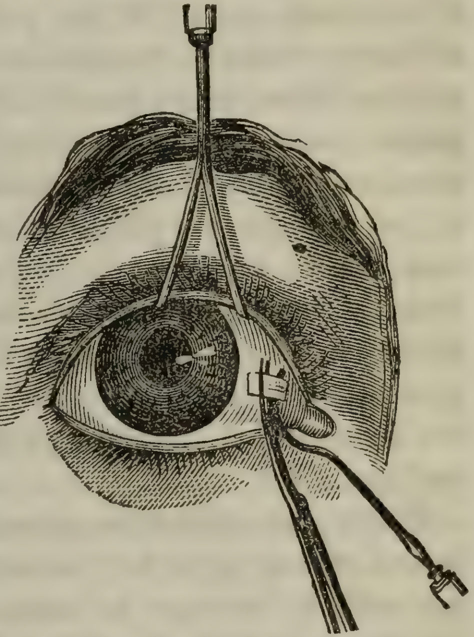
Strabismus, or squinting, is an ocular defect which arises from an unequal distribution of power in the motor apparatus of the eye; and manifests itself by a preternatural turning *in* or *out* of the organ. The distortion destroys the parallelism of the eye's axes, and thus impairs the personal appearance of the individual. Nor is appearance alone concerned in the defect; the function of the organ so often suffers with its physical condition that impaired vision is not an unfrequent accompaniment of squinting. Every shade of deformity exists, from the half burial of the cornea in the canthus, to the slightest cast in the eye. Strabismus presents two principal varieties of ocular deviation, besides a preternatural elevation or depression of the organ. When the eye is turned *in*, the deformity is called Strabismus convergens—turned *out*, Strabismus divergens. The latter variety is very rare, there being only about two cases to a hundred of the former variety. Squinting is generally confined to one eye, but cases are not unfrequent where both eyes are implicated in the difficulty. Oftentimes the squint will change from one eye to the other; a complicated defect that may be observed by covering what seems to be the sound eye, when the faulty one will become straight, and by reversing the process, the deformity will shift to the other eye. This is called the alternating variety, and in the treatment it is immaterial which organ is selected for an operation, yet such cases are rare, and upon close observation it will be found that one eye is more defective than the other. As a general thing the most faulty eye can be determined by its habitual appearance, and by the way it inclines when at rest. Yet such a disquieting effect does an examination often have that the eyes will roll, and present every shade of deformity, utterly defeating all attempts to arrive at a correct diagnosis. Upon trial it will generally be found that one eye can be turned out more than the other when the opposite one is closed. By reversing the experiment two or three times a correct conclusion can be arrived at. If the vision of one eye is known to be weaker than that of the other, it is quite certain that the squinting one is the organ thus affected.

The most common cause of Strabismus unquestionably exists in the nervous system. The difficulty is not congenital, but comes on most frequently about the period of dentition, a period well known to be fraught with danger from unequal distribution of nerve force. It is about this period that bowel derangements and convulsions prevail from nervous irritation; and it is not strange that other parts of the body sympathetically suffer. Strabismus often succeeds hooping cough, measles and other disorders of youth; also a grave lesion of the brain, such as might attend an accident, or apoplectic effusion; and much has been said of late years about paralysis of the external rectus muscle as being a cause of Strabismus. Such may be the cause in a few cases, and the effect would be analagous to clubfoot that comes on after paralysis of part of the muscles of the leg, yet what seems incompatible with paralysis in most cases of Strabismus, is that the defective eye will come straight upon closure of the opposite one. A spasmodic contraction of the internal rectus might so overcome the tonicity of its antagonist that a permanent squint could take place before the external rectus had regained its former degree of contractility. Strabismus almost of necessity comes on when corneal specks, opacity of some part of the lens, or distorted pupil would not permit the light to reach the retina in a direct line. The eye is obliged to accommodate itself to the defect, and thus a deviation from a central position must occur in order that a transparent portion of the cornea, lens, or pupilary aperture be presented to the object viewed.

The treatment for Strabismus is mainly local, and consists in the division of a contracted muscle, in order that its antagonist which is preternaturally relaxed, may regain its power. and turn the eyeball back to its natural, central position. But before proceeding to an operation it may be necessary to inquire whether, in a given case, an operation be demanded, and whether any constitutional treatment be needed, in connection with local remedial means. If the squinting come on from irregular pupil, or opaque cornea or lens, an operation for Strabismus alone would be unjustifiable; so, too, if the squint depended upon the presence of a tumor, or the contractions following an extensive burn. If it come on from irritation of the bowels, or any diseases amenable to treatment, such constitutional remedies should be given as the conditions in the case indicate. To operate without regard to existing causes is a step that no careful surgeon will take; and a neglect of proper precautionary measures on the part of ambitious, or would-be surgeons, has brought the operation into some degree of disrepute.

The operation is one that is claimed as belonging to modern surgery, its history dating back only to 1839. Although it was undoubtedly understood and performed as long ago as 1737, by an itinerant boaster by the name of Taylor, who in 1738 published a pamphlet styled "*De vera causa Strabismi*," and took other means to herald his discovery through England, France, and Spain. The real success that attended his practice is not known, except, at the time the people cried out "miracle." Why the inventions of the above "notorious quack" were not followed up by the regular profession does not appear. His suggestions were unheeded at the time by the profession, and were soon forgotten, and remained in oblivion for a century, when the operation was revived, and all at once a host of operators came out with the novelty, each urging his claims to priority in the discovery. Considering the statements in regard to the success of the operation, statements made by men eminent in the profession, many claiming to have cured hundreds of cases with scarcly a failure, it is difficult to determine which were the greater quacks, Taylor, or those who a century after heralded the invention and boasted of the success that attended it.

In a few years after the general introduction of the operation, so frequent and great failures followed it that it fell into a degree of disrepute. "But" says Prof. Mutter "notwithstanding all that has been said and done to discredit it I have no hesitation in declaring, that when properly performed, and the case carefully selected, (for there are many altogether unfit for the operation), it richly deserves being ranked among the most useful modern improvements in our art."



The Instruments needed in an operation for Strabismus are a "retractor" for elevating the upper lid—(the under lid may be depressed with the little finger of the left hand while operating)—a pair of toothed forceps for raising the conjunctiva, a blunt hook for taking up the tendon, and a pair of curved scissors or dividing the tissues. The accompanying figure represents a great part of the operation. The conjunctiva has previously been cut through and the blunt hook is seen inserted beneath the tendon, and the scissors blade is entered and ready to divide the tendon. The retractor is placed beneath the upper lid and is raised by an assistant.

Instead of the "retractor" a spring Speculum may be used for holding apart the eyelids during the operation. The sharp hook for fixing the globe, advised by some authors, should be dispensed with as a useless instrument, and when employed may prove positively injurious. A small sharp hook for raising a fold of the conjunctiva, and the sub-conjunctival fascia may be used instead of the toothed forceps, yet it is not so efficient an instrument as the forceps. An assistant is needed to steady the patient's head, and to elevate the upper lid if a retractor be used. He should also cover the eye not operated upon. An anæsthetic may be administered to children, and unsteady persons, though the pain attendant upon the operation is not severe. A patient having a fair degree of firmness needs no anæsthetic. Everything being ready and the faulty eye determined upon, the operator seizes with the forceps a fold of the conjunctiva over the "white" of the eye not far from the cornea, at a point a little posterior and below the insertion of the internal rectus muscle into the Sclerotica. The conjunctiva and the areolar tissue beneath, are next cut through with the scissors to an extent that will admit the blunt hook, which is then introduced, and passed under [the muscle with care lest it be not all taken up. The muscle being raised should be entirely divided between the hook and the eyeball, with the scissors. The whole process need not occupy more than a minute. A moist spunge should now be applied to the wound to remove the few drops of blood that have leaked from it. If the operation be entirely successful the pupil will find the center of the orbit, and the patient will be unable to turn it towards the nose, or the side operated upon. If the pupil will not resume its usual place, and evidently remains contorted from bands of sub-conjunctival fascia, or uncut fibers of the muscle, the blunt hook should be reinserted, and search made for the obstacle, which being discovered, may be overcome with clips of the scissors. An inexperienced operator is likely to find considerable difficulty in introducing the blunt hook, not having been careful to divide the condensed areolar tissue that usually exists beneath the conjunctiva and surrounds the muscles of the eye, a tissue which must be divided before the hook can be passed beneath the tendon. But *a too free dissection* should be avoided, lest the eye turn too far outwards, producing a deformity more unsightly than the original one.

The treatment after the operation is simple. The patient should be kept from a strong light for two or three days, and by covering the sound eye with a bandage, be made to use the one operated upon. The divided end of the muscle will attach itself to the Sclerotica farther back, thereby retaining its function to a certain extent. The wound in the conjunctiva generally heals kindly and rarely needs any treatment. The ecchymosis from the blood effused into the loose tissues beneath the conjunctiva will disappear in a few days. Occasionally a fleshy, granular growth will appear in the wound and tends to excite alarm in the mind of the patient. The mass may be removed with the scissors after it contracts to a narrow base, as it is likely to do. The scissors are preferable to caustics in the removal of such excrescences. In cases of apparently double squint it is not advisable to operate on both eyes at once, for it is found by experience that an operation upon one eye—the one worst deformed, if a difference exist, always being selected—will as a general thing prove sufficient to remove the deformity from both eyes. An operation, then, upon one eye is to be tried first, in a case of apparently double squint. If, however, after a few weeks from the first operations has elapsed, it is found that there is considerable squinting on the part of the eye not operated upon, and there is a tendency to increased deformity, it will be necessary in order to complete the cure, to apply similar treatment to it. And in such cases of double operation it is found that there is greater uniformity in the appearance of the two eyes.

Divergent squint is seldom operated upon, not merely from the fact that it is a rare deformity, but because it generally occurs in elderly people who care too little for their personal appearance to submit to the inconvenience of an operation. However, when an operation is requested or demanded, the plan of proceeding is not different from the one already detailed, except that the external straight muscle is to be divided instead of the internal. Theoretically it would seem in cases of eversion of the eye, from a too free dissection in an operation for convergent squint, that a division of the external rectus would relieve the artificial deformity, but it is found in practice that a staring or bulging of the eye follows an attempt of this kind. Should a case of bulging eye, which had arisen from a division of several recti muscles, present itself for treatment, a considerable part of the deformity may be removed by a division of one or both oblique muscles; the inferior oblique should he divided first, and the appearance of the eye then noticed before the superior oblique be interfered with.

Other plans of operating have from time to time been advocated, but on account of their being involved in extensive *Strabismal literature* it is not deemed expedient to give a "resume" of them.

CASE FOR DIAGNOSIS AND TREATMENT.

BY H. B. BROWN, M. D.

Mr. B., aged 39; nervo-bilious temperament. About the age of twenty-five he was out some four weeks on a camp-hunt, during which time he was exposed to rain and snow, and was taking three pills of blue mass each day. Shortly after his return from the camp-hunt he was violently attacked with pains all through his system. He suffered great pain for months; finally the pain settled in his left knee, causing stiffness of the knee-joint. He went to a physician who burnt his knee with caustic; that sore continued to spread until it covered his thigh. His general health continued good up to about three years ago, since which time it has been on the decline.

He is now laboring under indigestion, constipation and enlargement of the spleen.

CHLORIDE OF ZINC.

BY T. C. MILLER, M. D.

Chloride of Zinc is very deliquescent in the air, and very easily dissolved in water, in alcohol, and ether.

I have exhibited it internally in doses of from $\frac{1}{16}$ to $\frac{1}{8}$, and $\frac{1}{4}$ to $\frac{1}{2}$ of a grain, which last dose is seldom exceeded, and yet it has been given in doses of two grains each, and repeated several times a day. I prefer to give it in solution in water or dissolved in ether. I am accustomed to add to the solution one drop of muriatic acid for every two grains of the zinc, as otherwise the solution may be opalescent.

Hufeland extols the Chloride of Zinc in those neuroses in which others have used the Oxide, and Hancke recommends it strongly in primary and secondary Syphilis, in Scrofulosis, Carcinomatous affections, obstinate chronic Exanthems, Epilepsy, Chorea, and Prosopalgia.

As an external remedy it is a great favorite with me. Hancke, with good reasons, advises that Arsenic should be entirely banished from therapeutics as a caustic agent, and that the Chloride of Zinc should be used in its stead. It does not produce any of the disagreeable and dangerous influences which follow the application of some of the heroic remedies of the old school physicians, as arsenic and the corrosive sublimate and the potassa fusa. It does not cause such violent pains in the affected parts, or any kind of irritative fever; nor does it derange the digestive organs of the abdomen as do some of the agents just mentioned.

I use it locally in substance for toothache by putting a little of the liquified chloride of zinc in the cavity of the tooth, by means of a camel's-hair pencil.

Leviseur uses it as a dressing of the strength of from two to six grains of the Zinc to a fluid ounce of water, to which he usually adds from one to two drops of Muriatic acid, both in primary and secondary Syphilis and in syphilitic ulcerations. He also uses a weaker preparation made by taking from twenty to thirty grains of the chloride of zinc and fifteen drops of muriatic acid to a pound of water, in Scabies and other chronic exanthems. He often uses but one grain to the ounce of water.

As an eye-wash, particularly in gonorrhœal conjunctivitis, he uses it of the strength of one grain of the zinc to four ounces of water.

As an injection for the urethra and vagina in secondary gonorrhœa, he uses ten grains to four fluid ounces of water.

As an application to syphilitic buboes, he adds one drachm of the salt to an ounce of simple cerate and usually half a drachm of the muriatic acid, and twice or thrice daily he orderes a piece as large as a bean rubbed in over the bubo, until the skin becomes exanthematous, when the ointment is discontinued. He uses the same ointment in Scabies and in chronic exanthemata.

Canquoin recommends it as a caustic paste of *four* degrees of strength:

1st. Chloride of Zinc and meal, equal parts: (or what is a great deal better than the meal, the pulverized marsh mallow root, or the pulverized slippery elm bark).

2d. Chloride of Zinc one part, and the above named articles two parts.

3d. Chloride of Zinc one part and the meal or powder three parts.

4th. Chloride of Zinc one part and the Liquor Barii chloridi one part, and meal or the powders one and a half parts.

These pastes must be applied from three to four lines in thickness, and according to Canquoin they will distroy the vitality to the depth of from one to one and a half inches. Hancke however, says, they will not act deeper than one fourth of an inch. Sigmund says if the epidermis be removed, the paste No. 1 will act to double the depth of the thickness of the paste, while, if the epidermis be not removed, it will only act to half that depth. The paste is usually made by adding the proper quantity of pure water to the above named ingredients.

Cauterization with the chloride of zinc is useful in Cancers, Fungus Hæmatodes, Telangicetasia and for the formation of issues over scrofulous and syphilitic swellings of the glands. When applied in these latter cases it should be used five or six days, or until a clear ulcerated surface is produced. In the case of the sculptor, Crawford, Dr. Fell added *Blood-root* to the Chloride of Zinc paste.

Many formulæ have been devised for the use of this agent, among which are the following:

℞ Zinci Chlorid., grs. iv.,
Aquæ destillat., f℥ iv.,
Acid. muriat., gtt. j.,

M. f. Solutio. Dose, one table-spoonful every three hours. Hancke.

℞ Zinci Chlorid., gr. j.,
Ætheris, fʒ ij.,

M. Dose, 6 drops three or four times daily in sugared water, useful in Chronic Neurotic diseases. Hufeland.

℞ Zinci Chlorid., ℈ij.,
Ext. Conii,
Ext. Hyosciami,
Ext. Cardui Benedict., āā ℈ j.,
Resin. Guaiaci, ℈ iiij.,

M. f. Pill. No. 90. Dose three pills three times daily, in Cancerous affections. Hancke.

℞ Zinci Chlorid., grs. viij.
Ext. Aloes, ℈ ij.,
Aquæ destillat., fj℈v.,

Useful as a wash and dressing in atonic Scrofulous ulcerations. Vogt.

℞ Zinci Chlorid., gr. j.,
Aquæ Destillat., f ℥jv.,
Vini Opii, gtt. xx.

M. f. Eye-water. To be injected into the eye in gonorrhœal conjunctivitis.

℞ Zinci Chlorid., ℈ iv.,
Axung., ℥j.

M. f. Unguentum for external application. Hancke.

Note.—I am much pleased to have Dr. Miller call the attention of the readers of the College Journal to the use of the Chloride of Zinc as an agent of far greater value than is usually supposed. By a reference to the pages of this Journal many recommendations of this valuable salt will be found, and still it can do no harm to treat the matter a little more fully.

Papenguerth has found a weak solution of it of great value in sinuses, fistulas, and flabby ulcers. Hancke speaks highly of it in old syphilitic ulcers, and in scrofulous and malignant herpetic ulcerations, as well as in cases of fungoid granulations and in *Nævi materni.* Carmichael thinks it far less dangerous as an application to cancers than Arsenic. M. Bonnet cured a case of subclavian aneurism and an aneurism by anastomosis with it.

Dr. Zwerina cured a phagedenic ulcer of the septum narium, by the use of a wash made by dissolving a grain and a half of the salt in a fluid ounce of distilled water. Mr. Tuson gives it internally in cases of cancers, by dissolving half a grain of the salt in a wine glass full of caraway water. It has been used by Mr. Guthrie in cases of necrosis for the purpose of hastening the softening and discharge of the bone. Mr. Callaway uses it to destroy nævi materni. Mr. Ure and Mr. Liston have applied it as recommended by Canquoin, in cases of lupus. Prof.

Simpson speaks highly of it in pseudo-malignant ulcerations of the surface of the body. Liston commends it also in the same cases. Dr. Peddie has applied it as a caustic in ulcerations of the os and cervix uteri. Wednt has also used it in the same cases.

Hancke has found it very useful in St. Vitus' dance and in epilepsy, and in other neuroses. Dr. Stanelli commends the application of the liquid of the deliquesced salt in the cavity of painful teeth. M. Gaudriot thinks very highly of it when properly diluted as a wash in blennorrhœa of the urethra and vagina. Dr. Stratton cured a case of lupus with Burnett's solution of the chloride.

In my own practice I have found it an admirable wash in almost all forms of inflammation of the mucus membrane and the dermoid tissue. In the proper dilution I have used it in diseases of the scalp, in otorrhœa, as an eye-wash, in nasal catarrh, in inflammation of the mouth and throat, in pulmonary inflammations, as a wash for the nipples, in gonorrhœa and gleet, in syphilis and in leucorrhœa, as well as in ulcerations of the os and cervix uteri, and in inflammation of the rectum. I have also used it in old indolent ulcers, and in sore shins, in frost-bites, as well as to heal up the fissures that occur between the toes.

Internally I use it as a solvent or alterative in many conditions of the system where a solvent is needed to dissolve some foreign or injurious matter and prepare it for removal from the system. In a few instances I have used it to destroy the infection of the cadaver and dissecting room, and have been pleased with its effects. C.

CASE FOR DIAGNOSIS—ANSWER.

BY H. G. BARROWS.

By some of my bretheren I am thought to be the possessor of *enthusiastic faith* in regard to medical treatment, but I find that when I have most faith in my *modus medendi* I inspire most faith in my patients. In the August No. of your *Journal* you give two cases for diagnosis and treatment, of which I select No. 2, the case of the merchant, and recommend the following treatment, with a strong hope of success. I consider his case as you represent it, to be one of the forms of "Hepatitis," consequently accompanied with a derangement of the digestive apparatus to a limited extent. The torpid state of the bowels convinces me of the correctness of my diagnosis, providing there be no organic affection existing of which you are ignorant and consequently could not set forth. But take the statement in the *Journal* as covering the *whole ground* of disease I diagnose it as above. The headache I deem sympathetic, not an independent symptom, but one consequent upon other derangements. The nausea and vomiting I also consider to be sympathetic to a great extent; the nausea in particular, as also the vomiting provided it be not occasioned by the presence of *ingesta.* The scarcity of urine must depend I think upon a derangement of the organs of secretion, and the color must depend upon the presence of bile. The appetite should *not be* very good under the circumstances, and in this case the *good* appetite may be to some extent *morbid.* I think, however, if the patient be questioned, it will be found that his hunger is very soon appeased, and possibly he may feel a sense of *fullness* after eating but a little. The acid eructations confirm my theory of the presence of an undue quantity of bile.

My treatment of this case would be as follows, which if adopted, must be followed for *a month*, at the end of which time I should be glad to learn the result.

The following powder should be used at night on retiring, and in the morning on waking:

℞ Pulv. Rhei, grs. iii.,
Sodæ Bicarb., grs. ii. Mix.

Should two powders be found to operate too much, then take one at night only, the object being to produce a *laxative* and not a cathartic effect. Bathe in cold water, by means of a sponge, every night, around the region of the liver, drying off with a crash towel and friction. Should the acid eructations be not diminished in frequency, make use of occasional draughts of lime water.

Let the patient exercise in the open air in the morning, and if during the day he is obliged to write, let him use a standing-up desk, and not sit while writing. Let the diet be principally vegetable, selecting those which have not a strong tendency to acidity. When meat is used let it be *mutton* only, and then boiled or broiled, but not fried or roasted. Rye hasty pudding, with molasses and baked apples, with milk—if it will agree with the stomach—may complete the system of dietetics. If the medical gentleman who has charge of the case will adopt this mode of treatment for the month as above described, I feel confident that his efforts will be rewarded with success.

Note.—Since the above was in type we have received communications from other physicians referring to cases in the May No., which, if we do not find room for in the present number, will appear next month.

SUGAR—ITS PHYSIOLOGICAL ACTION ON THE HUMAN ORGANISM AND ITS USE IN DISEASE.

BY PROF. ST. JOHN.

All substances which are capable of being converted into carbonic acid and alcohol by fermentation, may be classified with the Sugars. It is a sweet principle found in many vegetable juices. is nutritious as an aliment when combined with nitrogenous food. Strictly speaking there are but two kinds of Sugar—Cane and Grape. Cane Sugar is found in large quantities in the sugar cane, (*Arundo saccharifera*), in the sugar maple (*Acer saccharinus*), and in the beet root; it also exists in the Indian corn, melon, carrot etc. It chrystalizes in oblique rhombic prisms, consisting of $C^{12,} H^{10,} O^{10,}$ and HO. Spec. gravity 1.606. When refined it is perfectly white. It is soluble in water, forming simple syrup, and if the proportion of sugar be double that of water the Spec. gravity is 1.32.

The term Grape sugar in a limited sense belongs properly to that which is obtained from the grape but it is generally applied to that found in fruits. It is found also in the milk of Mammals under the name of Lactine, and in the urine of diabetic patients. It is formed artificially from Cane sugar by fermentation, also by the action of dilute sulphuric acid on starch, gum or lignine. It consists of $C^{12} H^{14} O^{14}$. Spec. Grav. 1,39 It is less soluble in water than cane sugar. A sugar nearly allied to that of the grape is made from Ergot, and is called by some chemists Mushroom sugar. It consists of $C^{12,} H^{13,} O^{13,}$. crystalizable and is soluble in water and alcohol. Lactine or sugar of Milk bears a close analogy to grape sugar, and although of animal origin, has been classed as a variety of the grape sugar. It consists of $C^{24,} H^{24,} O^{24,}$. Spec. gravity 1.54, and crystalizes in white square prisms, soluble in water but not in alcohol or ether. In the animal economy sugar is formed out of amylaceous foods by the action of the saliva.—" If a fresh pap made with pure starch be chewed in the mouth for a short time a decided sweet taste will witness to the experimenter's sensations the change we are now considering."

If a decoction of starch which has been proved to be free from sugar be thoroughly mixed with an equal quantity of saliva, it will be found that the starch has entirely disappeared while sugar has taken its place. The Pancreatic and Intestinal juices agree with the saliva in this respect, there are also several animal substances capable of forming sugar from a decoction of starch, but it requires a much longer period than that in which the change is effected by the saliva.

The following table illustrates the results of a number of experiments made by Drs. BIDDER and SCHMIDT for the purpose of ascertaining the time required by the various substances for the conversion of starch into sugar. The starch was boiled, as it is not affected by the saliva when raw, the envelope being found in the fæces unbroken.

Substances mixed with boiled starch paste.	Time within which the formation of sugar began.
1. Saliva of adult man	The formation of sugar began instantaneously, but only in No. 1 was all the starch so changed that iodine induced no blue color; in the other experiments the whole starch was decomposed in various periods, the longest of which was an hour.
2. Nasal mucus of do	
3. Saliva of child four months old	
4. Saliva of dog	
5. Pancreatic juice of dog	
6 Pancreas of ditto	
7. Parotid of full-grown pig	
8. Pancreas of ditto	
9. Gastric juice of dog rendered neutral by swallowing the saliva copiously	
10. Mucus from the urinary bladder of pig	½ an hour.
11. Saliva of dog, the parotid secretion being cut off	20 minutes.
12. Pancreas of a puppy ten days old	40 minutes.
13. Submaxillary gland of full-grown pig	1 hour.
14. Liver of ditto	1 hour and ⅓.
15. Mucous coat of bladder of do	1 hour and ½.
16. Acid gastric juice of dog in which there were no epithelial cells from the mucous membrane of the mouth	1 hour and ½.
17. Submaxillary gland of puppy ten days old	2 hours and ¼.
18. Parotid of ditto	3 hours.
19. Mucus from the mouth of dog where the salivary ducts had been tied a fortnight previously	After three or four hours evidences of starch appeared, but the starch paste remained viscid and thick.
20. Watery extract of mucous membrane from mouth of do.	
21. Parotid ditto	
22. Submaxillary gland of ditto	
23. Parotid secretions of dog	After 8 hours no traces of sugar appeared.
24. Submaxillary secretion of ditto	
25. Orbital gland secretion of ditto	After 7 hours no sugar.
26. Saliva with the exception of the submaxillary secretion.	None after 2 hours.
27. Acid gastric juice where all four salivary glands had been tied	None after 15 hours.

It will be seen from this table that for the perfect conversion of starch to sugar it requires a certain admixture of the secretions of the salivary glands.

Some interesting investigations have been made by Drs. BIDDER and SCHMIDT on the condition of the saliva when the food is devoid of starch and consequently the converting power not required.

A decoction of starch mixed with the salive of a full grown man was converted into sugar almost immediately, as was shown in the above table, but when taken from the infant it required a much longer period to effect the change. Very young children, that is during the first few days of life secrete no saliva. Hence we see that the provisions of Nature for the assimilation of food are supplied no faster than is required, the food of the infant being largely supplied with sugar ready for use.

These are facts which are of practical advantage and should serve as a warning to those having the charge of children, and teach them to imitate nature when compelled to take her place, and not fill the infant's stomach with food which it can not digest. It is a wonder that not more of the little innocents are consigned to an early grave by the arrow-roots, sagos, etc., etc., with which they are dosed, which must act as foreign matter in the stomach and bowels. Sugar is the aliment which they require, and it may be given without any fear of bringing on colic or other little disturbances which are often caused by the want of it.

How long the process of converting starch into sugar is carried on by the saliva is not in my province to inquire. Whether it continues in any degree or is entirely suspended in the stomach requires some more facts to substantiate. The table proves that its action was materially impeded by the presence of gastric juice, but not entirely prevented.

In digestion a large quantity of it is probably taken up before it reaches the stomach, and no doubt but that in the stomach some is changed into Lactic acid which aids in the digestion of other materials. CHAMBERS remarks: " *That of boiled or disintegrated starchy food a considerable portion is turned into sugar by the saliva in its way to*, *and during its stay in*, *the stomach; but that in the stomach the conversion is delayed to be again renewed in the duodenum. That a good deal of the sugar formed is turned into lactic acid and some absorbed in one form or the other.*

Sugar is also formed in the liver out of the constituents brought there by the portal vein without reference to the kind of food on which the animal has been fed.

Dr. BERNARD makes the following observations:

1st. " In man and in a variety of animals, mammalia, birds, reptiles, fishes, mollusca, experiment proves that the blood of the hepatic veins contains a notable quantity of sugar.

2d. The sugar is independent of the quality of the food and is not derived from that source, for it is found in animals fed exclusively on meat, and in which the blood of the portal system was entirely free from it.

3d. A curious circumstance connected with this *hepatic sugar* is the influence of the nervous system over it. Whatever the nature of the food may be, sugar may be made to disappear wholly from the liver by the division of the pneumogastric trunks, or in any way by abolishing their healthy action."

Lehmann says that sugar is relatively and absolutely more abundant in the serum of the hepatic venous blood, than in that of the portal blood. Under the influence of the pancreatic juice the formation of sugar is rapid, in the small intestines the action still goes on, but with less activity.

The sugar thus formed is doubtless absorbed directly in great part, but some is probably transmuted into lactic acid, and, after passing through the ileo-cæcal valve into butyric acid.

Thus we see that the only way that starch is available for the uses of the system is by its conversion into sugar, which would naturally lead us to infer that sugar is an important aliment in the animal economy. It must be recollected however that it is in only an intermediate or transitory stage, (which may explain the fact that it is not found in the portal vein, to such an extent as might be expected,) and passes quickly onward to the state of lactic acid.

Of the physiological effects of sugar we are indebted to experiments instituted by Dr. Bocker, which show that it restricts the waste of the body, and more particularly the products of the destruction of bone. He found after using in addition to his usual mode of life two ounces of sugar daily for nine days, that in each twenty-four hours there was a diminution not only of the quantity of urine excreted, but of each individual constituent except the sulphates.

This table is as follows:

		Of the whole average quantity.
A diminution	of the whole amount of urine secreted,	1-39
" "	of the water in it,	1-48
" "	of solid constituents,	1-3
" "	of urea,	1-5
" "	of uric acid,	1-3
" "	of fire-proof salts,	1-5
" "	of soluble salts,	1-5
" "	of insoluble salts,	1-4
" "	of earthy phosphates,	19-36
" "	of phosphate of lime,	15-26
" "	of phosphate of magnesia,	3-8
" "	of Salts decomposed by heat and extractives,	1-37
" "	of Sulphates,	none.

The cutaneous perspiration was not affected, the fæcal excretion was only diminished for a few days, then returned to the natural standard. The amount of carbon expired, he found to be very slightly decreased, and the amount of water excreted by the lungs was also reduced.—These facts might lead us to suppose that it is not a respiratory material, as stated by LIEBIG.

We see by the table that the removal of the earthy constituents of the bone were prevented by its use, the excertion of phosphates being lessened more than one half.

Thus its physiological action explains to us an admirable provision of nature. It is supplied largely to the young in the mother's milk, otherwise the rapidity of action required in the growth, would be fatal to the development of bone, were they not defended from the excessive waste by the large quantities of sugar which the milk always contains. We find again that the proportionate quantity of sugar is greatest in those animals in which the bones are required to be strong and firm. With the exception of the horse and the ass, man gets a larger quantity of sugar in the solid constituents of milk he gets, than any other animal, which fact should teach us not to be too sparing of the sugar when we substitute cow's milk for human, in feeding our own children. And it would also be well not to be too strenuous in our opposition to the gratification of the tastes of the little ones for sweets. The old idea that children are stunted in growth, or otherwise materially injured by the use of sugar, has not sufficient facts to sustain it.

The experiments of MAGENDIE and some others with animals fed entirely on sugar, prove nothing more than that animals which require a portion of nitrogenous food will die when deprived of it for any length of time. The ulcerations and serious consequences that followed its use may have been occasioned by the deprivation of nitrogenized material, as well as by the influence of the sugar. Animals that have had free access to the sugar plantations grow fat, as is the case with negroes who work in the sugar factories.

Sugar is not only, not injurious as a diet, but is a desirable article of food, and may be used ad libitum, without any fear of disastrous consequences. As regards its use as a medicine, but little is known, although it enters largely into nearly every prescription given by the physician; on account of its sweet and agreeable flavor, it is used to cover the taste of disagreeable medicines. It will be found an excellent remedy in children affected with a strumous derangement of digestion, given in from two to four ounces daily. When there is a tendency to disease of the osseous system combined with a strumous diathesis, it will be found to be of decided advantage, being particularly indicated to arrest the metamorphosis of bone, as shown in the table of Drs. Bidder and Schmidt. It is recommended very highly in a paper translated from the German of Dr. Behrend and Seiber, by Dr. T. C. Miller, in Catarrh of the intestines, and other diseases of children. They gave it in a case of chronic catarrh of the intestines, in doses of half an ounce of pulverized loaf sugar dissolved in water, every hour, and continued it for eight days. He began to improve under its use immediately, and by the fifth day the pain had all subsided, tenderness disappeared. The diarrhœa still continued, but the discharges were very much modified, being thicker and more consistent, with indications of a flow of bile. The diet was thin meat broth, sweatened with sugar, and after the eighth day the yolk of an egg was added. He recovered entirely without any other treatment.

A second case is reported of a similar character which had continued so long that the patient was extremely anæmic, with great sensibility over a portion of the abdomen. The sugar was the only thing that could be given without materially increasing the pain and diarrhœa.—He was under treatment two weeks, during which time no other medicine was given but the sugar.

Morat and Devens recommend it in diseases of the chest, especially in children. It is much used as a popular remedy to calm the irritations and tickling in the throat, in diseases of the mucous membrane. They also report cases in which persons took a pound of sugar daily without any injurious effect, but then fall back into the old error that it is injurious, causing destruction of the teeth, and favoring a weak debilitated condition of the body.

Richter remarks, that sugar is an excellent antiscorbutic, and therefore on a sea voyage is one of the best prophylactics against attacks of Scorbutus. He also recommends its use in Consumption, Rhachitis and Scrofula. In the paper above quoted Dr. Behrand remarks:

"In irritability of the stomach, or increased sensibility occasioned by the overfilling of the stomach with a mixed diet, it is of much benefit. A few drachms dissolved in a glass of water, is a well known domestic remedy in counteracting the effect of intoxication. Colic, vertigo and severe cramps, when occasioned by derangement of the stomach, may be relieved by a few doses of sugar and water." The older literature contains many valuable treatises on its therapeutical properties, among which we find Pellitier, Hoffman, Bonhœffer, Hatte, Carnimati, Lebreton, and others who recommended it highly.

The report of Dr. Cartwright of New Orleans, published in the

Boston Medical and Surgical Journal, of 1853, of the use of sugar in consumptive patients, proves that it is not, as is generally supposed a debilitating, health destroying agent, but quite the contrary. In speaking of the vapor of the sugar boiling room, he remarks:

"Experience proves that this compound vapor cures catarrhal, bronchial and some dyspeptic affections. There is also some evidence in its favor as a curative agent in phthisis pulmonalis. Will it be too much to hope that further experience may discover that it promotes the cicatrization of tuberculous excavations, and heals ulcerations of the mucous surfaces of the trachael passages."

Externally it is highly recommended as a dressing for the improvement of putrid, bad smelling ulcerations, and I have often used it successfully in removing foreign substances from the conjunctiva. Loaf sugar with the pollen of the sugar maple (*Acer Saccharinum*) is a very popular remedy for deposits on the conjunctiva, and is used frequently by the farmers of New England for diseases of the eyes of domestic animals.

MEDICAL MATTERS OF A GENERAL CHARACTER IN BOSTON.

BY "HIPPOCRENE."

Permit me to introduce to your readers a brief account of such matters of a medical character as attracted my attention lately, in Boston. I visited the Massachusetts General Hospital, which is one of the best institutions of the kind in the country; and from "Reports" has been the theater of action for some of the first Surgeons that belong to our country. Among the most prominent were Dr. George Hayward, and the late Dr. John C. Warren. The latter gentleman bequeathed his body for scientific pursuits, to the cabinet in connection with the Medical department of Harvard University, which is also in Boston. Dr. Warren by this uncommon bequest (not without example however) has done much to dispel popular prejudice against the dissection of human bodies, and manifested an indifference to his mortal remains, such as the body deserves. Medical men should by personal example show to the world that they have little regard for "this mortal coil" after the soul is free, if they would convince the community at large that a *literal resurrection* of the body is in accordance with their ideas of scripture interpretation.

The Harvard Medical School is at present in a retrograde state, as you will see by comparing its number of students of ten years ago with the number present during the lecture season of the last two or three years. Considering the facilities for teaching possessed by the Harvard Faculty, it was a matter of surprise to me that there should be a falling off in its classes, unless as was hinted to me, the conservative spirit manifested on medical matters by the friends of the College, has drove from the benches the more progressive of those who now attend Medical Colleges.

The *Boston Medical and Surgical Journal*, the oldest weekly Medical Journal in the United States, is the organ of the College, and usually contains a good share of ably written articles. Its formor editor, Dr. J. V. C. Smith, has started a rival weekly bearing the name of "*The Medical World*," a journal which has many well marked signs of progression and liberality. If it does not curtail the subscription list of the old journal then such "signs" fail.

The Eclectics of New England have a well established institution in Boston, which promises to be better supported than any other Medical School in this city. Its faculty is composed of enterprising, progressive men who are determined to "live and let live," and make the Worcester Medical Institution, for such is its name, what the age demands.

The N. E. Female Medical College has "a habitation and a name," in Boston. Although not very prosperous at the present time on account of some fault in management, the School is settled upon a pretty good basis, and will undoubtedly do much towards educating females to discharge the duties for which, according to Theodore Parker, they are half fitted by nature. The number of students in the Female College is likely to be diminished hereafter by the Eclectic Institution which admits to its privileges females as well as males.

Besides the above-mentioned medical institutions in Boston there is one for the education of students in Veterinary science. Horses and cattle hereafter will be treated for the cure of their ills scientifically, as they ought to be. I was pleased to find a well matured college of this class, with Professors every way competent to teach this humane art. I have ever been interested in a thorough dissemination of veterinary knowledge. I sought the acquaintance of such of the professors of the Veterinary Institute as resided in Boston, and found them to be gentlemen of high mental culture, with physicial vigor enough to render their talents effective. Prof. C. M. Wood has in his private cabinet a splendid French model of the horse, and a skeleton of the animal, together with many injected preparations which clearly represent the different structures of the head and extremities. His pathological specimens are rich, and represent what are ordinarily termed, "Spavin," "Ring-bone," and other well known diseases of the horse. Dr. Wood is professor of Veterinary Medicine and Surgery. Dr. DADD, so long and favorably known as author, and teacher of Veterinary Medicine, and editor of the *American Veterinary Journal*, is a professor in the Institute, and enjoys a reputation not inferior to any in his calling.—He is now preparing for articulation the bones of the celebrated horse "Black Hawk," which were contributed to the Boston Veterinary Institute by DAVID HILL, Esq. of Bridgeport, Vt. It is to be hoped that such men as these and their colleagues, will do much to elevate that branch of medical science in which they are engaged, and drive from business those crudities called "Horse Doctors" who have without wit or learning, practiced so long and villainously upon domestic beasts.

Knowing my article will be "razeed" if too long, I send it, hoping to see it in its present length.

A MARKED CHILD—MATERNAL INFLUENCE.

BY FIDELIA R. HARRIS, M. D.

IN July, 1856, Mrs. Judge F., of Iowa, was delivered of her first child in the eighth month of her pregnancy. The child was a female, small, but well-formed and every way perfectly natural, except that on its back, just above the right hip and extending across the spine, was an appearance of a fresh wound, looking as though it had just been struck with a sharp-edged stick.

The wound was bleeding and continued to bleed after the child was washed so much that the nurse applied a cloth to the wound which became quickly stained with blood. The raw wound was about three inches long, quite deeply gashed, and had every appearance of a recent blow. The child lived about three hours.

There was nothing unusual in the process of labor although it was somewhat protracted. It was a natural presentation of the head and no instruments were used.

In January, six months previous to the birth of the child and two months after conception, the mother fell, striking her back against the door-step, and the fall was so hard as to cause her to feel the effects of it during the pregnancy, until the child was born. In May or June the mother was startled by a snake in her path which she killed by striking it with a stick. During the whole period of gestation she was unusually fearful that something would occur to injure or mark the child. This narration is presented for the consideration of the profession.

EDITORIAL DEPARTMENT.

BLOOD-LETTING.

To have treated a case of acute inflammation without bleeding promptly, largely and repeatedly, would a few years ago have been uncerimoniously condemned by the whole of the Old school profession, but now it is admitted by the best writers to be *rarely necessary*, if not always injurious.

Dr. ALLISON in a paper published in the *Edin. Med. Journal*, *March* 1856 attempted to justify the bloodletting treatment by asserting that the *disease* has changed, that its type, and more especially the febrile symptoms accompanying the inflammation have altered from an inflammatory to a typhoid type thus rendering the change in the treatment necessary.

Some twelve years since Dr. J. H. BENNET published a work in which he condemned the practice as always injurious, and in an article in answer to Dr. ALLISON, (*Edin. Med. Journal*, *March* 1857) states that the great revolution in treatment is the natural consequence of an advanced knowledge in diagnosis and pathology. Inflammation he asserts is the same now that it ever has been, and is of the opinion that the principles on which bloodletting and antiphlogistic remedies have hitherto been practiced are opposed to a sound pathology.

In speaking of the natural progress of inflammation he says:

"It terminates in two ways, viz:, 1st. by vital changes of growth of different kinds in the exudation, constituting what has hitherto been called suppuration, adhesion, granulation, etc., and 2nd., by death of the exudation, which, if rapid, putrifies, producing gangrene, or if slow, disentegrates, causing ulceration."

The first of this series he considers as not destructive but reparative and concludes that "instead of being checked should be encouraged as much as possible." * * "Every thing that lowers the vital strength and weakens the economy, must impede the nutritive processes of growth, and tend more or less to a slow or rapid death of the exudation. Bloodletting, especially, has this tendency, and must, therefore be wholly opposed to the rapid disappearance of inflammation."

Thus the falacies of the profession are gradually being discovered, and although neither in our opininon have advanced correct ideas in regard to inflammation yet both tend to the much desired reform in treatment in those diseases accompanied by a high degree of inflammatory action. We conceive inflammation in any and all forms, and under all circumstances, to be a disease, having but one natural termination and that—*Death.* We would however make a distinction between the reparative process which is instituted in the animal economy in an injured part, and inflammation. The former being unconnected with and entirely independent of the inflammatory action; being retarded, rather than facilitated by its presence.

The inconsistency of using antiphlogistic remedies and especially bloodletting in combatting this disease must be apparent to all, for by them the vital action is lessened, which as a natural consequence weakens the reparative process, and the inflammatory action is relatively if not positively increased.

The reports of the cases of Pneumonia which were treated by bloodletting in the Edinburgh Infirmary, and Hospital la Charite at Paris, show a mortality of one in three—while those in which the antiphlogistic treatment was not used, the mortality was only one in 21⅔. In nearly all the public hospitals in Europe the practice of blood-letting in acute inflammation is proscribed; which is accompanied with a corresponding decrease in the mortality of the patients. The remark of Bulwer was not without its foundation in truth that "when poverty is sick the doctors mangle it." When we look at the treatment recommended in the Hospitals but a few years since we see the lancet, leach, calomel, antimony and a starvation regimen were mercilessly employed, and the gastly, pale-faced, anemic patient who was dying for want of the vital fluid was told with solemn pedantry that the loss of blood was the *only* remedy that could save him.

Happily for the sufferer, those days of *heroic* treatment are fast passing away, and instead of using the lancet as the *first remedy*, in Apoplexy, Epilepsy, Insanity and various other diseases in which it has been recommended with even more plausability than in these, they either reject it entirely or advise that "you hesitate much before you deplete with the lancet," which is nearly equivalent to a total rejection, as no one who refuses to bleed in the commencement of a disease will be very likely to do so after the vital powers have become partially prostrated by its action.

Bleeding after severe accidents to prevent subsequent inflammation has been almost totally rejected by all surgeons, and very justly, as experiments prove that it will produce the very condition which it was designed to prevent.

Dr. Butler in his report to the Board of Directors of the Retreat for the Insane in Conn., says: "There is one important improvement among practitioners at large which I am gratified to notice. It is now a rare occurence that I find maniacal patients who have been bled previous to their admission. Of nearly two thousand patients, who have been under my charge I have not found it necessary to resort to blood-letting for insanity in a single case. * * * * Cases of mania which have been bled previous to admission I have invariably found difficult of treatment, protracted in their recovery, and sometimes sinking into hopeless dementia."

We are pleased thus to notice the wane of so deleterious an agent, and regard it as a good evidence of rational progression among our Old school friends.

FEMALE PHYSICIANS.

The propriety of Females becoming physicians is at present a question not worth discussing. It has been admitted long since that if they are qualified to act as nurses there is no reason why they may not be capable of mastering the medical science. Certainly no one ever thought of driving woman from the sick chamber when acting in the capacity of nurse, and would the acquisition of a medical education unfit her to visit the chamber of disease and death? Would the presence and assistance of FLORENCE NIGHTINGALE in the Hospitals of the Crimea have been less acceptable had she possessed a knowledge of the healing art, or would the fact of her having graduated at a respectable College increased the impropriety of her administering to the wants of the wounded and sick soldiers?

The demand for well educated female physicians has become a fixed fact, and in every instance in which they have proved themselves worthy of it, a high and honorable position in the profession has been readily accorded to them.

The highest interests of humanity demand that we shall have female physicians, and there is every encouragement to induce them to enter this comparatively new field of labor and usefulness. If the medical profession is indelicate for a woman, it is much more so for a man. She is much better fitted to cope with the various ills incident to her own sex, especially among the young who shrink from telling all their aliments to a male practitioner through motives of delicacy and extreme sensitiveness, thus postponing a consultation with a medical adviser until it is too late to receive assistance. The prejudice that has existed against female physicians is fast disappearing, and we find that many of those who were at first their bitterest opposers are now their boldest advocates.

The difficulties through which the leaders have been compelled to pass would have appeared to any but the most persevering wholly unsurmountable. Miss Jessie M. White with letters of introduction to the leading medical men of London was successively refused admittance to all of the Hospitals in that city, and was peremptorily rejected when she applied for tickets to attend a three year's course of medical and surgical lectures, thus making it a fixed fact that a woman is not allowed to obtain a thorough medical education in England.

The following account of some of the difficulties that have presented themselves we clip from an exchange.

"A year or so ago, three young women from exemplary New-England families applied for the privilege of attending the clinical lectures at the Philadelphia Hospital. They were admitted on the same terms with other students—in fact, we believe there was no legal right to exclude them—on payment of the regular charge. They soon discovered, however, that they were to be driven out, if possible, by systematic indecency on the part of those with whom they were compelled to associate, including some whom they had paid as instructors. What sort of morals are prevalent among too many of the young men who congregate to listen to Medical lectures, is pretty generally known, and Philadelphia has acquired a "bad eminence" in the matter of dissipated medical students. The young women, however, being most anxious to acquire a knowledge of the healing art, continued to attend the lectures in spite of repeated declarations that they should be driven away. Indecent remarks, wantonly made in the course of the lectures, did not accomplish their evident purpose. At length, on entering the lecture-room at the time appointed for a lecture, the young women perceived, from the winks and chuckles exchanged among their *gentlemanly* associates, that some special annoyance was prepared for them; and its character was soon revealed by the introduction of an insane man in a state of entire nudity to form the subject of the current lecture! The pretext for this introduction was a desire to elucidate a certain disease of the skin; the necessity for the indecent exposure may be judged from the fact that *all the appearance of disease in this unfortunate subject was confined to the scalp and back of the head.* But no matter—the female students were driven away, and their money paid for admission, virtually taken without consideration. We believe that is "putting as fine a point on it" as facts will warrant and the law requires."

There are at present a number of Medical Colleges that offer equal facilities to both sexes, besides two others (one located in Philadelphia, and the other in Boston) that are devoted exclusively to female education, and we would advise all those ladies who believe they can master the science, and desire to enter the profession, not to hesitate through fear of the prejudice that may exist against female physicians. Believing it to be a duty they owe to their own sex, we shall open our doors as freely to them, as to males.

The recent establishment of the New York Infirmary for Women and Children, under the care of Mrs. Elizabeth Blackwell, M. D., and the auspices of some of the most eminent in the profession of the male sex as well as of the clergy, is a favorable omen towards the advancement of female medical education.

BOOK NOTICES.

A Treatise on the Principles and Practice of Physio-Medical Surgery for the use of Students and Practitioners. By Wm. H. Cook, M D., Prof. of Theraputics and Materia Medica in the Physio-Medical College of Ohio, late Prof. of Surgery in the same Institution. Illustrated by numerous engravings. 1857. Price $5,50 by mail.

In the College Journal, page 333, we noticed the fact that this work was going through the press, and now a *Physio-Medical* Surgery complete, of more than seven hundred pages of clean paper, good press work, and creditable binding has been laid upon our table. Its mechanical appearance is very good, and from our knowledge of the author and a cursory examination of the work, we have no doubt it presents the Surgery of the Physio-Medical School in its most favorable light, and contains the *art* as practiced by that class of physicians at the present day. The language is good, the ideas tersely expressed and we are pleased to see them making such advancement over the literature of the past.

Typical Forms and Special Ends in Creation. Rev. James McCosh L. L. D., Prof of Logic and Metaphysics in the Queen's University in Ireland and George Dickie, A. M. M. D. Prof. of Natural History in the Queen's University in Ireland. New York, Robert Carter & Brothers.

The principles explained in this work were first placed before the public by Dr. McCosh, in an article published in the *North British Review*, for August, 1851, since which time Dr. McCosh, in conjunction with Dr. Dickie, have been prosecuting the subject, and as a result of their labors present to the reading public this volume.

This is no doubt an excellent work for the clergy and for the perusal of students who design to become clergymen, but medical students who expect to become medical men, are supposed to be well enough acquainted with *typical forms* and *special ends* already.

While we can not recommend it as an especial medical work, the general reader will undoubtedly be interested in its perusal.

The Hand Book of Practical Receipts of Every Day Use—A Manual for the Chemist, Druggist, Medical Practitioner, Manufacturer and Heads of Families, comprising the officinal medicines, their uses and modes of preparation ; and formulæ for trade preparations, mineral waters, powders, beverages, dietetic articles, perfumery, cosmetics, etc. A Glossary of the terms used in Chemistry and Medicine, including old names, contractions, vulgar and scientific denominations, with a copious index to all the preparations. By THOS. F. BRAUSTON.

The nature of this work is sufficiently set forth in the above lengthy title, and no doubt its advantages will be appreciated by those for whom it was designed. These hand books of practical information are valuable so far as they go, but we do not see the propriety of crowding so *much* matter into so *small* a space and rendering it impossible to explain anything as it ought to be. Notwithstanding its extensive contents it is not one fourth the size of Cooley's Cyclopedia, published in 1856, on the same subject. Judging from the many errors in the glossary, we conclude the author is but little acquainted with the subject, although he has had access to the larger works formerly published on the same subject.

The Movement Cure. By CHARLES F. TAYLOR, M. D., reprinted from the *North American Journal of Homœopathy*,

Is the result of the present tendency to break away from the *isms* and *pathies* of the past—and we hail it as a hopeful omen of our friends of the Homœopathic School. LING, the originator of this method of training the muscles of the different parts of the human system, did not expect to cure active disease by his gymnastic exercises—as he did not see clearly the power of the vital forces to overcome the ills or accidents of the body—but in his later years he used it for most chronic cases, and since his death in 1839, his successor, Prof. Brauting, has enlarged and perfected the school, and others have followed in his footsteps until there are now between forty and fifty of those schools established in the continent of Europe.

If they could be established in America entirely disconnected with any party or sect in medicine, we think they must be productive of much good in overcoming the results of the false habits of both sexes.

Life and its Relations, Animal and Mental. By J. Dickson Burns, A. M., M. D.

This manual is an Inaugural Dissertation, reprinted from the Charleston *Medical Journal* and *Review.*

"It is as absurd," says M. Comte, "to ask the question, what is life? as to ask what is gravitation, electricity, or magnetism?" We observe certain phenomena in the animal economy which follow a peculiar train of circumstances and we say the individual has Life!—but when attempting to explain *what* it is, the human mind steps beyond experience, substitutes hypothesis for theory until it soon finds itself surrounded by an inexplicable mass of contradictions—and yet the eternal *why* remains as unanswered and unanswerable as before. The author has not attempted to give an analysis of Life itself, but confines his investigations more particularly to one division of Life in general—the Mental.

All the recent discoveries in Physiology, serve to establish the unity of that force upon which the manifestations of life depend. He says: "And we can see no logical escape from the conviction forced upon us, that no distinction in *kind* obtains between the intelligence in man and inferior forms."

> "Then vainly the philosopher avers
> That *Reason* guides our acts and *Instinct* theirs:
> How can we justly different causes frame,
> When the effects entirely are the same?"

It is a well written article.

Twelvth, Thirteenth and Fourteenth Annual Reports of the Managers of the State Lunatic Asylum at Utica N. Y. for the years 1855-6-7.

Thirtieth, Thirty-first, Thirty-second aud Thirty-third Annual Reports of the officers of the Retreat for the Insane, at Hartford, Conn, for the years 1854-55-56 and '57.

Annual Reports of the Officers of the N. J. State Lunatic Asylum at Trenton, for the years 1855 and '56.

Fifth Biennial Report of the Board of Trustees of the Illinois State Hospital for the Insane, for year 1856.

Through the kindness of our friends these annual reports have been placed on our table. They report the several Institutions to be in a prosperous condition, increasing in usefulness and pursuing a course of steady improvement. The practice of bleeding maniacal patients has been almost entirely dispensed with, with a general good result towards their recovery.

Obrervations on Epilepsy with cases. By Wm. M. Cornel M. D., *republished from the Boston Medical and Surgical Journal,*

Is worth perusing although we cannot discover that it presents any thing *new* upon the subject.

Transactions of the State Medical Society of Indiana at its Eighth Annual Session held in Indianopolis, May 19th, 1857.

A letter from that State published in the *Medical Observer* of this city, says that the low standing of the profession is owing to the physicians themselves being uneducated, but the committee on the Practice of Medicine say that the reason "why *regular medicine* is not appreciated is unquestionably because only a small portion of the people avail themselves of facilities for mental culture." Which is correct we will leave for our friends in Indiana to settle among themselves. With all the errors (a part of which the publishing committee were acute enough to expunge) contained in this report we are glad to observe some truths among which we consider the following:

"Of *Scarlatina* I have never seen a case that would bear active depletion with impunity. * * * * Blood-letting, antimonial emetics, strong cathartics and gruel, are in my judgment *complications* rarely recovered from."

The committee on diseases of the Eye and Ear refer to the treatment adopted by Dr. WILLIAMS, of Boston, of treating iritis without the use of mercury, and speak of the forty-eight cases where the non-mercurial treatment was uniformably favorable, except in the four who had been injured by their attendants before they came under his charge, and yet they say: "Notwithstanding the favorable results following Dr. WILLIAMS' plan in the cases he reports, yet the contra-indications to the use of mercury must be very decided before we would risk a case of acute inflammation of so important a structure as the iris to such treatment." They *will not* be convinced, be the evidence ever so strong.

The committee on fractures and false joints say. "Many suits for mal-practice have been brought, sometimes heavy damages are sustained, and odium and disgrace cast upon the profession. There must be wrong somewhere. I do not wish to attribute this wholly to the surgeons, but must reluctantly admit that a great majority of physicians in our own State, and in the country every where are not as well qualified to treat fractures as they should be, and that many of them are not even provided with the necessary apparatus to manage the great variety of cases which may occur in their practice."

The Committee on the effects of blood-letting in Epilepsy reported strongly against it, considering the disease one of debility instead of pletharoy.

MISCELLANY.

THE BOSTON MED. AND SURG. JOURNAL—AGAIN.

In the College Journal for September, we had occasion to refer to the course pursued by the *Boston Journal* in opposition to the Ethics of the American Medical Association. We are pleased to observe that our reference has been noticed by that Journal, and they agree hereafter to "claim the liberty of *publishing in full* the formulæ of any preparation which may be hereafter submitted to them for an opinion."

We think this the right position for the journals and practitioners of the profession to take, and we can place no confidence in those who *manufacture* or *use* a remedy, the nature and composition of which they refuse to make the common property of their professional brethren

MEDICAL RESPONSIBILITY.

In the recent cases of mal-practice, the Judges have laid down the following rules as applicable to the medical practitioner :—A reasonable degree of science and skill, such as is ordinarily possessed by the profession generally—a reasonable care in the treatment of the case submitted to him—and the exercise of his best judgment in cases of doubt.

AMERICAN PHARMACEUTICAL ASSOCIATION.

The Sixth Annual Meeting of this Association, held in Philadelphia, from the 8th to the 12th of September, inclusive, was the largest and best meeting of the Association since its organization. A full report of its proceedings will be published in the *American Journal of Pharmacy* for November, the advanced sheets of which have already been received, but as all the papers are not yet published, we prefer to postpone a farther notice of their proceedings until a future period.

A SCHOOL OF MEDICINE IN ALGIERS.

A preparatory school of medicine and pharmacy is to be instituted in Algiers. There will be eight professorial chairs, and the students will be admitted to both the civil and military hospitals, which will give them ample clinical instructions.

The diplomas granted there will entitle the graduate to practice in the French possessions in that part of the world. The applicants are required to procure a certificate from the Franco-Arabian College as to literary acquirements. There will be no religious restrictions.

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ORIGINAL CONTRIBUTIONS.

NATURE AND CAUSES OF ASIATIC CHOLERA.

BY PROF. MICHAEL VON VISANIK.

Translated from the German, by T. C. MILLER, M. D.

NOTE. By mistake the manuscript of this translation did not reach us in the proper order, and we have already published that part which relates more particularly to the subject of *Contagion*, and the *Cause* of Cholera. In the present paper we present the *commencement* of the valuable publication of the talented author, and shall hereafter furnish our readers with the conclusions at which he arrives, more particularly the *Treatment* he has found most successful, with some additional remarks on treatment by the translator.

This paper by Prof. VON VISANIK is the more worthy our attention from the fact that it is the result of his personal observation and experience on more than two thousand cholera patients in the General Hospital at Vienna, in which he occupied the position of Principal Physician, as he also did that of teacher of Obstetrics, and of Psychology, and from the fact also that he was Dean of the Medical Faculty at Vienna. His publication commences with the consideration of

CHOLERA IN GENERAL. We usually understand by the term *Cholera* that form of disease in which severe vomiting and purging occur, with a diminution of the temperature of the body, and general collapse, one following closely upon the other. All those symptoms may occur, but if they do not either combine, or closely follow each other we are not accustomed to designate the disease by this name.

In the Sanscrit books of the Priesthood of India, there are accounts of a disease identical with cholera, which had been noticed from time immemorial, but in the writings of the profession, we find mention of it in the works of Hippocrates, Celsus and Areteus, who have each mentioned it in terms sufficiently clear for our recognition.

The first accurate and full description, however, was published by Boetius in the year 1792. He says it came from East India in the years 1769, 1770. 1774, 1781, 1782, 1783, 1787, and 1790. It was also spread from thenec in the years 1804, and 1814, since which time it has continued to exist at some point.

In the years 1815 and 1816 there appeared in the East Indies a peculiar and uncommon condition of the atmosphere. After a long period of extreme heat, there followed a long period of continuous rains by means of which many provinces were overflowed. Many swamps were formed, and stagnant pools, from which, as the water was afterward evaporated, the atmosphere became impregnated with the gases of putrified animal and vegetable matters, which produced a peculiarly corrupting and malignant miasm and doubtless was the originating cause of the great and destructive epidemic which followed. But this epidemic did not confine itself to India and the region which had been flooded, but it extended itself over a great part of Asia, Europe, and into Africa and America.

The first point of its manifestation was Jessora in East India. Here it appeared in great violence in the month of August 1817, and extended itself thence over the different provinces. In September it arrived at Calcutta which is 100 miles distant from Jessora. In 1818 it manifested itself in Bombay, Madras, Coromandel, Ceylon, Siam, Malacca, Sudra, and at last in China. In the year 1819 it reached the Islands of St. Maurix and Java. In the year 1820 it produced great desolation in Nankin, Cochin China, and in the interior of the Chinese Empire. In the same year it also appeared in the Phillipine Islands and at Malacca. In 1821 it had extended itself to Littora, to Arabia, and from thence to Persia and Turkey, to Bassora and Bagdad. In the same year it arrived at Iead. In the following year it reached the Caspian Sea and Astrachan on the Russian line, and passed into Turkey to Antiochia.

This disease proved so destructive to human life that both the profession and the various governments united in their endeavors to put a stop to its ravages; but, notwithstanding all this, the epidemic was not stayed, but rather progressed in violence, and in the year 1820 it broke out with wonderful malignancy in Persia and China, and toward the latter end of the year it passed toward Russia to Orenburg and Astrachan, when at last in the year 1830 in the month of January there was an extraordinary cold term, but it still spread, and in September of that year it appeared at Moscow. It had already appeared at Galatea.

The Austrian Government exerted all its power to prevent its extention in the Empire without being able to check its progress, for it had as early as April arrived at Lembergh.

But although all the governments of Europe made efforts to check this epidemic, the Austrian government made greater sacrifices, and more strenuous efforts than any other, to prevent its spread within its limits, yet on the 13th and the 14th of September it broke out in the Capital, Vienna, and on those days cholera patients were brought to me to be treated. Near my own dwelling on the "Kohlmarkt" I was called to the Baroness's E. and B. whom I found presenting most impressive and unmistakeable pictures of this disease, which I at once recognized, although I had prior to this known nothing of cholerae-cept as described by others.

Quickly it spread everywhere through the city and the adjoining villages where many people of the various occupations were swept away.

Since that time cholera has become naturalized in Vienna, but in 1832 it again assumed the epidemic form which for intensity, and extension was fully equal to the first. From this time for four years Vienna was exempt from it in the epidemic form, but in 1836 there appeared the third very extensive and fatal out-burst of it in that form. The disease disappeared as suddenly as it made its advent, and it was not until 1849, that it once more manifested itself in the same manner, although then it hardly could be considered to be called an *epidemic*. In a still more moderate form this disease again appeared in the years 1850 and 1851, so that we supposed it to be near its close or the contagion to have nearly expended itself, but in September 1854 it again presented itself in an epidemic of such violence, and which extended itself with such rapidity as by some to be considered more severe than any which had previously visited the capital of Austria. At the same time cholera was also raging violently at Munich. In the month of October it reached the highest or culminating point, and by the first of January 1855 the epidemic had entirely ceased.

SYMPTOMS. However different the appearance of this disease at different times and places, there are nevertheless in most cases a *group* of symptoms, always present, which are only changed by the modifying influence of the different stages of the disease.

Always there is present before the appearance of the cholera epidemic, an unusual amount of diarrhœa, but this diarrhœa varies greatly in regard to its violence and the number of persons affected by it, as well as somewhat in regard to its symptoms. The discharges are however passed without any effort on the part of the patient, and frequently surprising him suddenly without premonitory abdominal uneasiness or the sense of fullness in the rectum, and not seldom they accompany the least bodily excercise.

The genuine cholera discharge is usually acid, with very little bile or coloring matter, forming a thin fluid mass which consists mainly of water, although there are floating in it flakes or bodies which give to the fluid a muddy appearance. There are also in the fluid pus-globules and epithelial scales, and these when united in masses make the bodies or flakes before named.

Very frequently there is also present, vomiting, but this is not quite as constant as the diarrhœa. The vomiting occurs with but slight efforts and appears more like the vomiting in pyrosis or overflowing of the stomach than that which follows the administration of Ipecauanha. The emesis is frequently repeated, and is often accompanied with singultus. The fluid discharged is thin and watery, mixed with flocks, and possessed of those characteristics happily denominated *rice-watery*. The lower part of the abdomen appears contracted and fallen in. On percussion there is less resonance than natural, but it often presents the sound as of the presence of fluids, and a varying degree of flexibility. The region of the stomach is the seat of very peculiar unpleasant sensations and extraordinary pains.

Almost immediately following the above named symptoms, the patient will suffer from an unquenchable burning thirst, which so dries up the secretions of the buccal cavity that the tongue seems to be adherent to the palate. The appetite disappears entirely.

The quick collapse and the speedy falling away of the body of the cholera patient, giving even to the young and corpulent the appearance of shriveled and extreme old age, is truly wonderful. The weakness and decline of all the powers of the body is very marked, and extends as well to the senses as the powers of motion. The faculty of sight becomes clouded, the eyes staring, the taste appears deficient, so that the patient is indifferent to the sapor of the drink or medicine. Notwithstanding this general depression of the powers of the system, sleeplessness is a common accompaniment of cholera. The consciousness remains usually undisturbed, but in rare cases stupor presents itself.

The features of the patient are peculiarly characteristic. The bony part of the face is covered with numerous folds of the skin, especially the forehead, the cheeks and temples fall in, and a blue ring encloses the dull and lifeless eyes. The ball of the eye itself recedes into the socket, the cornea is lusterless, the sclerotica bluish with frequent ecchymotic specks, the tendons of the muscles dry and bluish, the eyelids half closed, the nose pointed and thin. The face is blue, cold, covered with a glutinous sweat, nearly immovable, but having the expression of lassitude and deep depression.

The small amount of animal heat in this disease is very striking and characteristic. The intense coldness commences at the extremities and goes quickly over the whole system. This is so marked as to be measurable by the thermometer although the patient may at the same time be complaining of intense internal heat even while he is attacked with shiverings and chilliness. The temperature of the extremities falls to 14° R. although it is not known to fall lower than 22° R. in any other disease.

The integuments and external coverings generally of the body, look dark-blue and turgid, while the limbs are shrunken, the skin either dry or covered with a cold viscous sweat.

There are usually present very painful spasms of the different muscles particularly of the calf of the leg, and these are repeated almost constantly causing great pain and a numb feeling.

The respiration is spasmodic and painful oftentimes, interrupted with sighing, or hiccough and vomiting of rice water, which is sometimes even cold to the touch. The oppression and agony will often be so great that the patient cares far less for his recovery than he does for his present suffering. The physical explorations of the chest offer no deviation from a state of health. There are peculiar alterations of the voice, it becoming more sharp and on a higher key than natural, or it may be entirely extinguished.

The pulse may be very much more frequent than usual, but not unfrequently it is strikingly slower and very irregular. The arteries towards the extremities give no signs of pulsation, or the finger is but just able to detect the flow of blood. The impulse of the heart is often extremely weak, the sounds not clear, as the systole disappears entirely or is very dull.

On venesection, blood from the veins is black, thick, muddy, tough, and the hematine is reddened but little by the contact with air. On microscopic examination the blood corpuscles on the surface are found to be broken, shrunk, and united together.

The urine is always sparingly secreted, or fails entirely—the chlorides in it are more reddened than usual, while the phosphates are normal in quantity. The uroxanthine is sometimes found to be considerably increased.

The appearance of the joints which can not be described clearly to those who have never seen them, give to the superficial observer a more genuine picture of an attack of cholera, perhaps, than anything else that has been mentioned, although they give no indication of the duration of the attack.

But towards the latter stage, or that where the diarrhœa, vomiting and spasms discontinue and the paroxysm termintates, cholera appears with its peculiar characteristics. If the patient does not die within the first twelve or twenty-four hours, the skin becomes somewhat less cyanotic or blue-colored, the warmth returns and the pulse can be felt towards the extremities and perhaps in the wrist. But this favorable appearance may be only for a short duration and is very deceptive, for there soon may follow great restlessness, groaning, and hiccough, and stupor and the pulse dies away, again the extremities become cold, and the patient soon passes away.

In other cases, the patient after having escaped from a severe attack of the cholera, begins to grow warmer and warmer by degrees, the pulse manifests itself once more, the intense thirst is slightly allayed, a brownish fluid passes per anum instead of the rice-water discharges as heretofore, the bladder begins to fill with urine, and in a few days the patient is completely convalescent. Indeed there are scarcely any other forms of disease of so dangerous a character where the patient so quickly recovers, as after an attack of cholera.

Diagnosis of Cholera. The symptoms of Asiatic cholera as described above, are so unique and characterestic as to be easily recognized at the bedside by those who have once seen them—yet the disease is so fatal and of so terrible a character that many suppose common diseases of the alimentary canal really belong to this epidemic. In fact many isolated cases of disease of the stomach and intestines present symptoms very similar, and it is only by experience and close investigation that the error is discovered.

During the prevalence of the epidemic, most forms of disease take on the appearance of cholera, as is observed in fevers of various kinds. Particularly is it the case that diarrhœa and vomiting, which are common during the prevalence of epidemic among the first symptoms of Typhous Pneumonia and other fevers, may lead one to suppose the patient has the genuine Asiatic cholera. But if the case have not the profuse rice-watery discharges from the bowels, and the characteristic appearance of the matter vomited, the general colapse, the diminished temperature, and the cyanotic coloring of the skin before mentioned, we may be sure that cholera is not present, however anxious we may feel for the derangement of the alimentary canal. The first symptoms presented, as diarrhœa, dysentery etc., are not sufficiently characteristic to determine the presence of the epidemic.

Not the diarrhœa, the vomiting, the diminished temperature of the body, or blueish coloring of the skin, alone, even if they are all present will warrant in pronouncing it a case of Asiatic cholera, for those may be present in cholera morbus and other derangements of the alimentary canal ; but rather the rapidity with which those follow, the one after the other—and the absence of any individual or local cause, will the presence of the epidemic be rendered certain.

The vomiting must be quickly followed by the diarrhœa, and there must be present a great abatement of the temperature of the body—so much so as to produce striking and almost immediate collapse, following in a very short period of time, together with the bluish tinge of the surface and the peculiar appearance of the joints, but more particularly the latter, before we can pronounce with certainty that the epidemic is present.

In some of the epidemics of Asiatic cholera which I have observed, the vomiting and diarrhœa were wanting, but the patient died under general collapse, with cyanose skin and greatly diminished temperature of the body. Many physicians deny that those cases ought to be ranked with cholera although I think they should be called *Cholera Sicca*, and they are only denied the name because they so seldom present themselves. Yet in all the epidemics which have occurred in Vienna, a considerable number have fallen under my treatment in which, while all the other symptoms have been present, the vomiting and purging were absent.

Among the most constantly appearing symptoms are the vomiting and purging of rice-watery fluid, in which there are many epithelial flakes suspended, but more particularly the marble coldness of the skin, especially of the hands and feet, and the cold tongue, and also the extremely bluish coloring of the covering of the body, the loss of the electricity of the skin, and its remaining in folds whenever they are pinched up.

In addition to these the pulse is absent, or if present is very small and extremely frequent. The thirst is excessive and not to be allayed with drinks. The respiration is short and difficult, leading the patient to throw the clothing from the chest. The spasms of the calf of the leg and muscles of the abdomen, are very painful and frequently repeated.

The patient becomes very quickly apathetic, or careless of surrounding circumstances and impending danger, which gives the expression of the countenance a peculiar appearance, with deep sunken eyes, outstanding brows, and a staring expression such as can never be forgotten› associated with this is a coarse voice or the power of speech is entirely extinguished.

(TO BE CONTINUED.)

ALBUMEN IN DYSENTERY.

BY THEODORE C. MILLER, M. D.

Every addition to the the treatment of Dysentery should be welcomed by the profession, and particularly such as have been thoroughly tried, and present none but salutary effects. It is well known to the practitioner that many of the remedies used to combat this disease prove to be of little value. Indeed it has too often been like a game at blindman's-buff, a sort of random, empirical practice with only an occasional grip in the right direction.

It is often observed that we find one treatment of much value in one epidemic, but in the next we entirely fail and even increase the disease by the same remedies. I acknowledge that, notwithstanding the treatment which I have instituted, has been very successful in many of the worst forms of the disease, yet what it may do in the next I can not tell, and I therefore think that it is well in time of peace to make preparation for the time of war.

Having used albumen or white of the egg in several cases of dysentery I must speak highly of it as a remedy in that disease. It is well known to the profession as an antidote to corrosive sublimate, and also that the effects of that poison on the system bear a striking analogy to the symptoms of dysentery.

Dr. Monidere reports nineteen cases of sporadic and epidemic dysentery in which he used the white of egg with perfect satisfaction, which led him to speak of it as a remedy superior to all others. Of a beverage prepared by beating up the whites of six fresh eggs in two pounds of water, then adding three ounces of syrup of sugar and a small quantity of water of orange-blossoms, he gave his adult patients three or four teacupfuls every day. In conjunction with this he used a clyster of the white of eggs and water. After using this treatment for a short time the pain subsided, followed by a diminution of the tenesmus, and after a few hours a decided alteration in and reduction of the discharges.

Some of the worst cases were relieved in from twelve to twenty-four hours, and he found that the patient recovered much more rapidly after this than any other treatment he had ever used. As soon as the dysentery had ceased the patient could eat and drink as formerly.

It would be well to avoid any bad results that would arise from neglect, to take a small quantity of the preparation for two or three days, and if necessary, injections might be continued occasionally.

Dr. Marquet also speaks very highly of it in this disease. Also Dr. Borddn de la Pechonnerie, in the *Journal des Connaies Med. Chirurg.* p. 309, has given attention to the utility of albumen in the treatment of this disease.

Monidere is of the opinion that it acts not only as a demulcent, but also is of benefit perhaps in restoring the lost albuminous material.

He requested many physicians to make use of it in dysentery and send him the reports of success, which were published in *L'Experience*, Nos. 85 and 86, 1839. These reports as well as the reports of Jacob's Hospital, at Lunervilie, from Dr. Saucerotte, confirm the opinion of Dr. Monidere in a surprising manner.

Remarks.–That there are many simple remedies which would be of more value in this and other equally formidable diseases, than the heroic treatment which is too often instituted, there can be no doubt. Of the manner in which the albumen ovi acts other than as a demulcent, nothing is perfectly known. It is probably absorbed exclusively by the vena portæ—for experiments have proven that for assimilation, albumen must pass through the liver.

Dr. Bernard injected into the jugular vein of a dog the white of an egg diffused through water, and in a little time the urine became albuminous—thus showing that the albumen of the egg is probably not identical with the albumen of the blood, and that it must receive some modification before it can be appropriated by the organism—and the passing through the liver is sufficient to effect the modification—for when it was injected into the vena portæ it remained in the blood and did not appear in the urine.

The albumen ovi is also valuable as an application to some forms of ophthalmia in the form of an astringent poultice, by being agitated with alum, the coagulum formed being applied to the eye between two pieces of gauze,—and in cases of redness and excoriation from pressure, it forms a good local application, used in the form of a liniment by shaking it briskly with its own volume of alcohol.

HEMORRHOIDS, OR PILES.

BY PROF. HOWE.

Hemorrhoids, or Piles, is the name given to designate a pathological condition of the lower extremity of the intestinal canal, characterized by vascular and other changes, the nature and treatment of which, it is to be apprehended, are not generally understood. For years the notion existed that all pile tumors were varices, and depended upon a sluggish hepatic circulation, but it is now known that only external piles, which are a very rare variety, are dilated veins. Varices of the leg and varicocele exist independently of hemorrhoids, and do not presuppose a general venous disease. Neither is a patient afflicted with piles more likely than any body else, to be troubled with the above mentioned diseases.

For the sake of perspicuity, it becomes necessary that a clear distinction should be drawn between external and internal piles. The internal variety is often described as that class of tumors which are high up in the bowels, or within and above the sphincter ani muscle. Such a distinction, however, should not be made, as internal piles may be extruded, and appear below the margin of the anus. External piles are covered with *skin*, and are consequently dry. Internal piles are covered with *mucous membrane*, and are consequently moist and slimy. External piles, as has been remarked, are rare, and depend upon a varicose condition of the veins. They may be excised without risk of considerable hemorrhage. They have a uniform blue appearance, and could not be strangulated without risk of phlebitis and purulent absorption. Internal piles are very common and consist in a prolapsed and hypertrophied state of the mucous membrane that lines the lower extremity of the bowels, being acted upon or constringed by the contractile force of the sphincter muscle. Their hue is brighter than that of external piles, and not so uniform in appearance. They could not be excised or cut into without profuse bleeding, and the blood would be mostly arterial, flowing as it would from the divided arteries that thickly ramify in those highly vascular tumors. The old notion that piles bleed freely on account of their being the lower dilated extremities of a system of veins without valves—the portal system—is exploded; and during the treatment of piles the liver will not now be so often harrassed with cholagogues.

Children are subject to an entire prolapsion of the lower bowel; and, from the weakness in them of the sphincter muscle, and lack of propelling force in the heart, they rarely suffer much with the difficulty if the tumor be carefully and timely returned. But owing to the power of the sphincter, the aggregation of the longitudinal muscular fibers into columns in the rectum, and the arterial force of the blood sent to the parts in adults, the prolapsion of the bowel in distinct copartments is very common in those individuals who have arrived at maturity. Anything that depresses the tone of the defecating apparatus may favor prolapsion. The difficulty is apt to be aggravated by straining at stool, hence constipation has been considered as the cause of it; yet thousands are troubled with costiveness of the bowels who have never suffered with anal prolapsion. A weakened and relaxed condition of the parts seems to be the cause of hemorrhoidal tumors, a condition likely to be brought about by sedentary habits, cathartic medicines, habits of inebriation, and excesses of various kinds.

The earliest symptoms of piles, are commonly itching, fullness, and soreness about the anus, and these unpleasant sensations usually come on in a short time after an evacuation of the bowels. The patient feels as if a foreign body—like a fruit seed—had lodged in the folds of the rectum, and the disagreeable sensation will call for a renewed effort to move the bowels, in order that the supposed cause of the irritation may be expelled. Each futile attempt at evacuation increases the irritation, and pain and distress lead the patient to further investigate his case. He will generally find at this stage of his complaint that there is something abnormal protruding around the walls of the anus, and his linen will be found stained with blood and mucus.

The violence of the symptoms will continue to increase, and be attended with shooting pains back to the sacrum, and down the thighs from the nervous connections in those regions. If the physician examine the patient at this time he will find the tumors presenting a purple or violet appearance, smooth, shining, hot, and exquisitely painful to the touch. The patient is likely to become constitutionally affected. His nervous system will take on irritability, and though previously of a mild disposition he will become peevish, irascible, and inclined to differ in sentiment with everybody for the purpose of manifesting a quarrelsome feeling. Flatulence, colic, dyspepsia, and a host of ills will set in to afflict the unfortunate sufferer.

The treatment for piles is principally local, and may be palliative or radical as the urgency of the case may demand. Much may be done to remove the morbid sensibility of the parts at once, which is generally needed in a recent case. The extracts of conium, belladonna, and stramonium, applied separately or with an astringent, will allay the irritability and the vascular turgescence of the parts, and the contractility of the muscular fibers concerned in the aggravation and continuance of the disease. The bowels may be made free without a subsequent relapse to constipation, by the use of the following pills:

℞. Podophyllin,
Leptandrin, āā grs, iv.
Capsicum,
Sulphur, āā grs. viii.

M. et fiat mass., in pillulas xii dividenda.

One pill may be taken every night, or often enough to keep the bowels soluble and regular.

If the piles be *external* they may by snipped off with scissors, and to the cut surface thus made to prevent hemorrhage, and facilitate the healing process, the muriated tincture of iron may be applied.

Internal piles should not be excised, nor cut into as they will bleed profusely. Nor should they be strangulated after the old method, for it is a painful, tedious, and I may truly say, dangerous process. One of the great improvements in modern Surgery is the *nitric acid treatment* of piles. It is both safe and efficient, and does not subject the patient to a prolonged horizontal position like the strangulatory method. By the ligating process much difficulty is often encountered in applying the ligature to some tumors as they are not always distinct, and separate from those adjoining them.

The present approved method of treatment consists in applying to all the pile tumors, little and great, a small quantity of nitric acid of commercial strength. This may be done with a camels-hair pencil, a sponge the size of a pea tied to a glass or gold holder, or with a narrow spatula or pencil of soft wood. I prefer the latter as with it the acid can be prevented from spreading to surrounding parts. If the pencil or swob be used, great care must be taken that the caustic liquid do not leave the instrument too freely, and thus do mischief. Before applying the acid it may be well to have at hand some soda or other alkali, to be used when needed, to neutralize the acid that might accidentally run down between the tumors or upon the perineum.

While applying the acid the patient should make a straining or bearing down effort in order to extrude as much of the tumors as possible. The spatula or pencil of wood is to be dipped in the acid, and if a quantity adhere to it let the superfluity be wiped off before an application, then it is to be applied carefully and faithfully to each tumor, which with the fingers of the left hand is isolated as much as possible during the application. The operation is not attended with much pain, and generally three or four applications seem to cure a bad case. The first application is the most painful; subsequent ones are borne well. When dressed with the acid the pile tumors should be oiled and returned as far as possible. Tumors considerably within the bowel, and not brought down by the efforts of the patient, may be treated through a speculum. Cases of this kind, however, are not frequent.

The above detailed plan of treatment seldom or never fails when followed judiciously. Cases of twenty years' standing yield readily to the acid treatment, and a return of the disease thus managed, is exceedingly rare; yet when treated by strangulation the small tumors not ligated will often enlarge, and become as troublesome as the original ones.

Bleeding piles may be treated with the muriated tincture of iron until the tendency to hemorrhage has ceased; and the iron serves nearly or quite as efficient and desirable an application for an ordinary case of piles as that of nitric acid.

The *ecraseur*, figured in a previous number of this JOURNAL serves an excellent purpose in the rapid removal of hemorrhoidal tumors, and it removes them without risk of hemorrhage; yet the patient must be etherized previously to the operation, or suffer excrutiating pain. And the pile tumors, if high up in the bowel, must be dragged down with a tenaculum before the instrument can be readily applied. In the treatment of piles the use of the ecraseur can be recommended only in such cases as the nitric acid fails to cure, and such cases must be exceedingly rare.

Let it not be understood that every case of piles is to be treated by local applications of nitric acid, or by an operation, for it has been established beyond a doubt that the internal use of capsicum alone, or in combination with other stimulants, and laxatives, will cure a large proportion of patients afflicted with piles. A judicious use of the piles recommended in this article will be found exceedingly efficient in the treatment of most cases of piles.

CASES IN PRACTICE.

BY A. E. STETSON, M. D.

Puerperal or Child Bed Fever—On Friday, December 19th, 1856 I was called to see Mrs. S—— in labor with her first child. The parts were rigid and unyielding, and the labor was consequently tedious; lasting about twenty-four hours. The presentation was natural, the head being in the first position. The pains were regular but of short duration. The only peculiarity in the case was the manner in which the head passed the inferior strait. When the vertex had passed up under the symphysis pubis the progression of the labor seemed to have been for a time suspended, and the head seemed stationary a short time, and instead of extension occurring by the face traversing the hollow of the sacrum, the vertex passed down from under the pubic arch, and the head was born in that situation. The rest of the labor progressed quietly, without any unfavorable result.

There was not much hemorrhage, and the prospects were favorable for a speedy recovery. On the third day after delivery, thinking herself to be *nearly well*, she attempted to get up. That night she was attacked with rigors, or chills, for she was living in a misamatic district, supposed she was having an attack of intermittent fever. In the morning of the fourth day I found her with much fever: face flushed, skin hot and dry, respiration hurried and oppressed, pulse 110, small and wiry, tongue covered with a whitish coat in the center, with red edges.

The lochial discharge was almost entirely suspended, the urine scanty and high-colored, and it was with the greatest difficulty that she voided urine at all. The countenance presented that peculiar anxious ghastly and suffering appearance which is characteristic to a certain extent of this disease, and need only be seen once to be recognized ever afterward. There was excessive tenderness in the abdomen over the region of the uterus; and the patient could not endure the least pressure upon the part, so that even the weight of the bed clothes was exceedingly oppressive to her. The bowels were constipated.

I directed the bowels to be moved by a laxative enema, and applied a fomentation of Smart Weed (*Polygonum hydropiper*) across the abdomen, as hot as could be borne and gave internally:

℞ Morphia, gr. j.,
Ipecacuanha, grs. x. M.

Divide into five papers.

Directed one to be taken every three hours alternately, with:

℞ Chlorate of Potassa, grs. xxx.,
Tinct. Gelseminum, f℥ ss.,
Water, f℥ ij. M.

Dose, teaspoonful.

December 24th. Pain somewhat less, but had passed a very uneasy night. Pulse still above 100, and small, urine scanty, with excesssive pain when attempting to pass it. As there was much tendency to periodicity I gave:

℞ Quinia, grs. xx.,
Podophyllin, grs. v. M.

Divide into five papers. One to be given every three hours.

Continued the solution, and left an anodyne to be taken at night consisting of:

℞ Morphia, gr. ss.,
Dover's Powder, grs. x. M.

Divide into two papers, to be taken one hour apart, if necessary.

Directed the whole body to be bathed with tepid water, in which a small quantity of salæratus had been dissolved.

December 25th. Better, with the exception of the pain and difficulty in attempting to pass water, which was extremely annoying. Had not voided any urine since yesterday. I directed an infusion of:

℞ Virginia Snake Root.,
Buchu leaves, āā ℥ ss.,
Valerian Root, ʒij.,
Juniper Berries, ℥j.,
Boiling water, q. s.,

To form a strong infusion, of which she took a tablespoonful every hour through the night. Continued the powder every three hours as before.

December 26th. Better. Urine passed freely without much pain, pulse 90 and soft, tongue slightly covered with a brownish coat, tenderness in the abdomen considerably lessened. The bowels had moved freely from the action of the Podophyllin, and she felt much encouraged with a fair prospect of recovery. I continued the infusion in teaspoonful doses every four hours, and:

℞ Quinia, grs. xx.,
Leptandrin, grs. x. M.

Divide into ten papers. One to be given every four hours, alternating with:

℞ Chlorate of Potassa, grs. xx.,
Water, f℥ij. M.

Dose, teaspoonful.

December 30th. Still improving. She soon recovered without any unpleasant symptoms.

This was a case which by some Old school authority would have required bleeding, but not being favorably impressed with that kind of practice I substituted the remedies above detailed, with, as I think, better success than would have attended blood-letting.

Dysentery.—This disease has prevailed to some extent in this vicinity the past summer, and thinking that a few notes in relation to its treatment may not be uninteresting to the readers of the College Journal, I send you this as case No. 2 in my reports.

J. M., age 25; occupation brickmaker; I first saw him June 13th, 1857, when I found him suffering from a severe attack of dysentery. The symptoms were those which characterize a disease of that kind, such as bloody stools, tenesmus, pain in the bowels, fever, etc., etc., with an exacerbation of all the other symptoms every afternoon.

As there appeared to be great torpidity of the liver, I first gave

℞ Podophyllin, grs. x.,
Leptandrin, grs. x.,
Capsicum, grs. x. M.

Divide into five papers. One to be given every three hours until a free evacuation of the bowels was obtained, accompanied with an indication of flow of bile, after which I gave:

℞ Quinia, grs. xx.,
Dover's powders, grs. x. M.

Divide into five papers, and give one every four hours, alternating with:

℞ Syr. Rheubarb and potass, f℥ij.,
Paragoric, f℥j. M.

Dose, teaspoonful.

To allay the tenesmus, I directed an enema of:

℞ Laudanum, gtts. xx.,
Tannic acid, grs. x.,
Starch water, ʒij. M.

To be given as an injection after each discharge.

Applied cloths wrung out of hot vinegar and water to the abdomen, and directed the tepid saline bath at night.

June 16th. Found him better. Continued the powders of Quinia and Dover's powders, and gave in place of the syrup the following:

℞ Spts. Nitre, f℥j.,
Tinct. Gelseminum, fʒij.,
Syr. Ipecac., f℥j. M.

Dose, teaspoonful every four hours.

He still continued to improve without any change in the treatment, and was able to resume his business in about ten days.

In the treatment of this disease, I have derived much advantage from the early and free evacuations of the bowels, accompanied by a thorough action of the liver, after which the disease seldom fails to be quickly arrested. In its later stages where there is much lesion of the lower bowels, I have used with much advantage the nitrate of silver in the following manner:

℞ Nitrate of silver, grs. x.,
Opium, grs. x.,
Gum Arabic, grs. xxx. M.

To form pill—mass, and divide into forty pills. One to be given every four hours, or as often as may be deemed necessary.

PERTUSSIS, OR WHOOPING COUGH.

BY PROF. JUDGE.

This is an infectious disease, to which children are more subject than adults. It usually manifests itself, when fully developed, by frequent paroxysms of coughing which are divided into several short, rapid and spasmodic expirations, while the inspirations are long and frequent, often attended with a wheezing noise.

This disease generally commences like a common cold, with coryza, red and watery eyes, irritation of the throat, dry cough, and frequently slight febrile symptoms obtain; at this period it is often very difficult, if possible, to distinguish it from cararrh. The fact that the cough assumes a paroxysmal character, taken in connection with the circumstance of the prevalence of the disease, may lead the physician to predetermine its character before the development of the more specific symptoms. These uncertain symptoms continue for one or two weeks, when the more specific ones develop themselves, and all doubt as to the character of the disease is at once removed.

The pathognomonic symptoms of the disease, when developed, usually present themselves at irregular intervals and are of the following character: at various times through the day and night the sufferer is seized with an involuntary desire to cough. When this takes place, the expiration is not continuous, but is interrupted, being divided into several short, spasmodic coughs, which follow each other in rapid succession, and are often of extreme severity. The inspiration which quickly follows is long and difficult, being in well marked cases attended by a shrill noise or whoop, from which the common name of the disease is derived. This succession of violent symptoms is usually repeated many times, and with little interval until the close of the paroxyism, which may last from fifteen seconds to as many minutes.

The child, upon the approach of a paroxysm, seizes any object of support and clings violently to it. In severe cases the face becomes suffused with blood, owing to compression of the jugular veins, and often it issues from the nose, eyes, mouth and ears, and at the same time, in extreme cases, the urine and feces are discharged involuntarily. The paroxysmusually terminates in the expectoration of transparent mucous and not unfrequently in vomiting, which latter gives immediate relief through its relaxing influence. After the paroxysm has terminated, the child may be prostrated and exhausted for a short time, but in a few minutes appear as though nothing had happened, and resume its play.

The interrupted character of the cough is owing to spasmodic contractions of the muscles of expiration, and the shrill whoop is doubtless owing to the constricted condition of the glottis. The mucous expectoration is probably the result of intense afflux of blood to the lungs and consequently increased secretions as is the case in excessive laughter, rather than of inflammation of the bronchial mucous membrane. The vomiting arises by virtue of reflex or sympathetic action of the nervous filliments distributed to the stomach in consequence of the irritation about the fauces resulting from the violent movements imparted to them during the paroxysm, and appears to be a wise provision for these most frightful paroxysms.

After these pathognomonic symptoms set in, they generally increase in frequency and severity until about the fourth or fifth week of the attack, after this they appear to be quite stationary in character and frequency, and so continue for two or three weeks more, when they begin to decline and disappear from three to five weeks later.

When uncomplicated with other disease, the termination of whooping cough is usually in health, and unless symptoms of unusual severity occur, the physician is seldom consulted, and in fact the patient needs little or no medical assistance. But in those cases in which the symptoms are of a severe character, remedial agents should be resorted to in order to mitigate the suffering and if possible cut short the disease, and hasten a speedy return to the state of health.

In the early or catarrhal stage little will need to be done unless the symptoms are of a severe character, when nauseants may be resorted to, but it is in the more developed stage of the disease that treatment is generally required, and upon consulting authors we find a large portion of the materia medica paraded forth as suitable remedies to be used *when indicated.* Generally it will be found that we may rely upon a few prominent articles as all sufficient in this disease, falling back at times upon others to meet peculiar symptoms arising from complication or otherwise. I have usually given those agents in about the following proportions:

℞ Cochineal, grs. xx.,
Alum, ʒ i.

Mix and divide into ten parts, one of which may be given three or four times a day.

While the above prescription has been attended with very satisfactory results, I think that I have found equally as much immediate relief from the following, which I believe will in many cases shorten the disease many weeks:

℞ Iodide of potassium, grs. x.,
Mucilage of gum Arabic, f℥ jss.,
Syrup of senega, f℥ jss.,
Tinct. of lobelia, ʒ ij. Mix.

Give a four or five times a day, and continue as long as necessary. In the later stage, tonics may be needed if the patient has become debilitated. At any stage of the disease, should convulsions occur, they should be met by the warm bath and emetics; of the latter lobelia alone, or combined with ipecac. may be used. Should diarrhœa ensue, the neutralizing mixture may be given. When complications arise they should be treated as the symptoms may demand, the physician being guided by analogy and general principles.

LOBELIA, AN ANTIDOTE.

BY C. JOHNS, M. D.

Lobelia as an Antidote for an Overdose of Laudanum.—I was called in great haste to see a young woman who had taken *two* ounces of laudanum for the purpose of self-destruction. Upon arriving at the place I found that the "bird" was missing, having immediately after swallowing the dose run into the street, and escaped the vigilance of those in pursuit, till she had ran a full mile, when she sank upon the walk, and was not brought home till some minutes after my arrival. At this time she was much exhausted from the effects of the "race," and had a wild, glassy look of the eyes that was almost frightful. I immediately prepared *two ounces* of the tincture of lobelia in half a tumbler of warm water, but before I could induce her to swallow it, (she utterly refusing *any antidote*, being intent on self-destruction,) the pupils of the eyes had become wonderfully contracted and she reeled and staggered about, till finally she was put upon a bed nearly insensible. It must have been thirty-five or forty minutes after taking the dose before the medicine was taken. She took two ounces of lobelia tincture at once. I watched her about ten to fifteen minutes, but as no signs of vomiting were apparent, I resolved upon giving a second dose equal to the first. This was soon prepared, but she was so very stupid and obstinate that some thirty minutes elapsed before the second dose was taken. In ten to twelve minutes after this dose was swallowed, she vomited freely, ejecting at once nearly the whole contents of the stomach, which emited the odor of laudanum as strongly as that of lobelia. A profuse perspiration soon followed and she was allowed a quiet sleep.

No other remedy was given. When I called next morning, she was *well*, and about her usual occupation.

Lobelia as an Antidote for an Overdose of Arsenic.—I was called to see a girl who had taken a quantity of arsenic for the purpose of self-destruction. She had purchased twelve cents worth of the poison and taken it one hour before I saw her. When I arrived I found her on the floor writhing with pain and unable to speak; face flushed and very much swollen; eyes red and protruding; lips and tongue very much swollen; epigastrium exceedingly distended; breathing short and laborious; pulse quick, wiry, and thread-like in volume; teeth firmly clenched, considerable bloody froth oozing from between them. Indeed, the whole system appeared in a *tetanic* condition, interrupted now and then by a convulsive throe, as if death was about to end her earthly sufferings. The above being the condition of the patient, it could not reasonably be expected that there was much chance of recovery.

It was one o'clock in the morning. I had no "*hydrated peroxide of iron.*" It might take some time to procure it from a druggist. But I had some *tincture of lobelia* with me, which I soon began to apply by putting my fingers between the cheek and teeth, and pouring in a teaspoonful at a time. Several doses had thus been given before any signs of deglutition were observed. Finally she seemed to strangle, and was momentarily convulsed after which she swallowed, and her jaws were opened. Several doses of the tincture of lobelia were administered in quick succession, and warm water given till free emesis took place. All this time she had exhibited very few if any signs of consciousness I remained with the patient two hours, in which time I gave two ounces of the tincture of lobelia. She vomited as long as there seemed anything to throw off. In the meantime she had recovered so far as to speak, and complain of great soreness and burning in her throat and stomach. I ordered thin gruel and mucilage of acacia to be given freely and alternately, till I could see her in the morning. I saw her at 9 o'clock, found her sitting up but complaining of much soreness and some thirst. Face, lips and eyelids much swollen. I directed flaxseed tea and light diet. She was soon well without any other treatment.

Both the above were the result of " love matters."

CASE FOR DIAGNOSIS—ANSWER AGAIN.

In the last number of the Journal, Dr. Barrows expressed his opinthat No. 2 in the August number was a case of Hepatitis, and for which he recommended the treatment there indicated.

Another correspondent has said, in referring to that case, that the history was not sufficiently clear; that it should be given from the beginning, telling whether the patient were married or not, whether he ever had syphilis or gonorrhœa, or indulged to a considerable extent in coition. If he had been under treatment for either of these diseases, the history should indicate the nature of that treatment. It should also tell in regard to the sleep, the side on which the patient rests best, or if he rests easiest on his back.

This correspondent is of the opinion from the meagre history given in the Journal, that disease of the patient's kidneys was complicated with induration of the liver, or some other of the abdominal viscera. The patient might have gall stones or calculi of the kidneys.

The treatment recommended was simply:

℞ Magnesia, calcined, ʒj,
Aqua, fʒxiij. M.

Dose, a teaspoonful every hour until the obstruction is relieved.

Of case No. 1, the writer considers it an affection of the kidneys, which affection is often obscure.

Calculi or gravel of the kidneys cause very irregular exacerbations and remissions of pain, as well as great irregularity in the amount and appearance of the urine. In women, calculi of the kidneys often cause uterine hemorrhage, sometimes severe pain in the back and abdomen, together with extreme affections of the bladder, retention of urine, cough, and either chronic diarrhœa or obstinate constipation.

The urine sometimes has the odor of a dead body, owing to the putrefactive inflammation of the kidneys. From the connection of those glands with the spinal column there may be pain in the head, or paralysis of the lower extremities. Affections of those glands may also produce severe colic pains in the abdomen, vomiting, and pains in the head. Sometimes there is no trouble in the discharge of the urine, the calculi producing disease of the kidneys, and not passing into the bladder.

The writer has now a lady under treatment whose symptoms are strikingly similar to those detailed in the JOURNAL. Several physicians have had charge of her case without producing any beneficial results but under her present treatment she is rapidly improving. The medicines are:

℞ Magnesia, calcined, ℥j,
Cochineal, pulv., ʒij,
Aqua, f℥xxj. M.

Dose, one teaspoonful each hour during the day. Sometimes this is alternated with the following powder:

R Cochineal, pulv., ʒii,
Sacchanum lactis, ʒij. M.

Dose, teaspoonful several times a day.

Hydrangea arborescens has been recommended very highly by Dr. E. Butler, who for over thirty years has acted as missionary among the Cherokee Indians, as a sure and certain remedy for all forms of nephritic and urinary calculi.

Dr. W. L. Allen has recommended the same plant not only in calculous affections of the kidneys and bladder, but also in ordinary strangury, when the disease is not traceable to affection of other organs. A favorite prescription with him is as follows:

℞ Potassa., bitart. cryst., ʒij.,
Morph. acetat., gr. j,
Hydrangea arbor., syrup., f℥iv. M.,

and direct a teaspoonful three times a day.

The form of *Hydrangea* used by Dr. Butler was a syrup, made as fol-

℞ Fresh root of hydrangea, lbij,
Water, Oxij.

Boil down to four pints, strain. Add two pints of honey, and boil down to two pints. The dose, as used by him, was a teaspoonful three or four times a day.

Dr. Mankur and Dr. Laidley also speak very highly in its favor, not only in all forms of gravel as observed in old seamen and others who frequent the hospitals, but they also recommended it in mucous irritations of the bladder in aged people, in chronic gleet, and mucous emissions from the prostate gland.

ASCITES.

BY L. T. BEAM, M. D.

Mrs. G——, aged 27, was taken one year since with *puerperal* fever, after her third accouchment, and was treated by Dr. C., of this place, according to the principles laid down in those cases; and after a time was pronounced convalescent, and discharged.

Soon, however, a gradual increase of the size of the abdomen was observed, and on her inquiring of her physician as to the cause of the swelling, she was told that it was a "swelling natural in such cases, and not worthy of notice, as it would soon pass off."

Confiding in the science and knowledge of her medical adviser, she had no apprehensions of her real condition, until her uncle, who was a physician, on a friendly visit, made her aware that she was laboring under abdominal dropsy. She again called her physician's attention to her condition, but he pertinaciously adhered to his formerly expressed opinion, and treated her with an *alterative course of mercury*, assuring her that in a few weeks she would be well.

She submitted to his treatment, but not without doubts as to the result. She allowed her prejudice to govern her, and adhered to her physician and his treatment, until she had used time which might have been of great value to her. The *alterative* course reduced her strength rapidly, until she was obliged to abandon it, as it had made her not only more weak, but the effusion was hastened by it.

She by this time had lost confidence in her physician and his treatment, and resorted to a Hydropathic establishment, when, after passing several weeks and receiving no benefit from the sojourn, she returned with deep despondency to her home. Her father (the Hon. J. C.), then induced her to go to Philadelphia and place herself under the care of Prof. Meigs. But after he had used, as he said, the most powerful hydrogogue cathartics and diuretics known to the profession, he advised her to try anything and everything that she thought promised any relief before submitting to the operation of "tapping," which, however, he thought she must resort to at last.

She was advised to consult a lady in Harrisburgh, who had a reputation for curing dropsy, and she did so, but without benefit. She then returned to her home and friends without hope of relief. I was next called on to attend the case.

Ambitious, as are most young men, I undertook to treat the patient, with the promise to do all I could, but the former history of the case presented a gloomy prospect.

The *first* indication was evidently to get rid of the accumulation; and the *second* was to prevent re-accumulation. She had already been treated with diuretics, as squills and digitalis; and with hydragogue cathartics, as elaterium, etc.; and with alteratives, as mercury, iodide of potassium, but they had entirely failed to give relief. Hence, I concluded that the course left for me to pursue, was to omit drastic and debilitating measures, and *endeavor to restore a healthy action of the skin, at the same time build up the patient's strength by a course of tonic treatment.*

A great fault in treating dropsy is in neglecting the skin—a failure to apply to any practical purpose the principles of physiology, so plain that "he who runs may read." The skin, in a dropsical patient, is dry and inactive, and so long as the cutaneous perspiration remains checked, will the exhalative and watery fluid pass through some other channel.

To restore a healthy action of the skin, and meet the first indication, I used the spirit vapor bath. I directed her to take a bath just before going to bed—thus having the double action of a spirit vapor bath, and *wet-blanket-pack*, making a good, strong, reliable foundation for the alkaline bath in the morning on rising.

The system was supported by a simple but nourishing course of dietetics. The insensible perspiration was constantly promoted by appropriate clothing, a proper regulation of the temperature of her room, and placing her under strict subjection to physiological laws.

When I instituted this plan of treatment she weighed one hundred ond sixty-nine pounds, notwithstanding her extreme emaciation, and she measured four feet and a half around the abdomen. In two weeks she lost in measurement 1½ feet; in weight, thirty-nine pounds. A spirit vapor bath was followed in the morning with the alkaline bath, as directed, twice a week. In six weeks all evidence of ascites had disappeared

To meet the second indication, alkaline baths were taken every other day, warm clothing was worn, as before ordered, and the patient's strength was sustained by a careful course of *abstinence* from all debilitating measures. This treatment was continued until she was as well as prior to her becoming *enciente*, then gradually discontinued. She still has perfect health.

LOCAL HYPERÆMIA.

BY LEWIS E. MILLER, M. D.

The term Hyperæmia was introduced into modern terminology by Andral, who used it to express the excessive accumulation of blood in any local region. The circulation of the blood in the part is inharmonious. The flow of the blood through the arteries is greater than the reconducting veins are able to transmit; hence an accumulation of the fluid, or "congestion" takes place: and this is what Andral called Hyperæmia. The term comprehends, of course, a reduced activity of the circulation—a stagnation—a passive condition; and it is this which distinguishes it from active congestion; yet this can be changed to active congestion, as it can be associated with it. As active congestion can precede inflammation, so also can hyperæmia become an element of it.

The phenomena of hyperæmia are : the over filling of the larger capillary vessels of the locality with red corpuscles, and consequent increased redness and swelling, hardness of the tissues, sensibility to pain consequent upon pressure made upon the nerves, disturbance of the functions of the organs, and arterial pulsation, which is produced by the compartively local stagnation of the circulation.

The hyperæmia can be made to disappear through a rupture of the arteries, thus leading to a balance between the arterial and venous circulation, or it may pass on to inflammation, and consequent destruction of the part, or it may remain a long time stationary, or nearly so. It is oftentimes very difficult in post mortem examinations to determine whether the part diseased is affected with hyperæmia, active congestion, or inflammation.

The causes of hyperæmia are: mechanical impediments to the flow of blood through the veins, and a paralysis of the contractile fibres of the vessels. In consequence of the mechanical hyperæmia, the serous parts of the blood separate themselves from the solid portions of the stagnant fluid, and passing through the coats of the vessels, produce œdematous infiltration. The mechanical accumulation of the blood in the part acts as an irritant, and may produce reaction, and active congestion, and inflammation. If not only the serous portion of the blood passes through the walls of the vessels, but also the colored portion, and ruptures the tissues, then hemorrhage takes place.

If artificial hyperæmia is produced by means of a ligature around the extremities, the blood may be drawn from the internal organs, and hemorrhage from those organs may be checked, as is often done in bleeding from the lungs and stomach, by producing a kind of antagonistic congestion in the extremities, and thus relieving the internal congestion of those more important organs. The main object of this proceeding is, not to produce hyperæmia of the extremities, but rather to prevent a flow of the vital fluid to the organs through which it escapes. In doing this the veins only are compressed, and the arteries remain as free as possible. A compression of the arteries with a tourniquet has a contrary effect: the blood not being allowed to flow to the extremites, congestion of the internal organs follows, which, if continued too long, is productive of baneful results. In consequence of hyperæmia, the affected organ may become softened, swollen, and inflamed.

Instances of mechanical hyperæmia are: those produced by strangulation, hanging, and asthmatic attacks; when the face becomes livid, and the tongue swollen, the eyes protrude, the skin takes on a marbled appearance, the brain is appoplectic, there is congestion of the lungs and the right side of the heart, while the left side of the organ and the entire arterial system are more or less empty. Mechanical hyperæmia caused by compression of the vena porta, as from an abdominal tumor; or of the vena cave ascendens, caused by tumors, or pregnancy, may be productive of congestion of the mesentery, the alimentary canal, the various organs of the pelvis, and the lower extremities, producing prolapsus ani or internal piles, external piles, or varices of the veins beyond the sphincter muscle, a varicose condition of the veins of the lower extremities, or an œdematous state of the same organs. Mechanical hyperæmia which is produced by organic diseases of the heart, or of the lungs, as in phthisis, may be productive of hemorrhage of the lungs, congestion, or inflammation of those organs; and other grave diseases.

The asthenic or paralytic variety of hyperæmia is always present in the so called venous or asthenic inflammations. The deficiency of activity in the walls of the blood vessels, sometimes caused by disease of the vessels themselves, at other times caused by derangements of the blood and the vessels, destroys the necessary healthy activity of the circulation. This form of hyperæmia, if it be long continued, places the vessels in such a condition that osmosis may readily occur, sometimes producing œdema, when more flows out into the areolar structures than flows into the vessels, and extreme dilitation of the vessels with an enlargement of the caliber, and a paralysis of their parietes, which produces the so called chronic or asthenic inflammation, described by the old authors. Altered, scorbutic, putrid, chlorotic blood has not power to sufficiently excite the walls of the blood vessels, and those conditions frequently produce the asthenic form of hyperæmia. In advanced age, on account of the decreasing energy of the heart, which loses a part of its power of sending the blood to the extremities, as the feet, the hands, the nose, and the brain; as well as a loss of the contractile power in the vessels themselves, there is often hyperæmia of those parts, which hyperæmia produces softenings of the brain, malignant ulcerations, and *gangrena senilis* of the extremities. And while the blood flows slowly through those extremities it may also accumulate in the internal organs, producing disease in them.

Hyperæmia of one organ will also sometimes produce hyperæmia in another. When the spinal cord is affected with this disease it may produce similar derangement of the stomach: so also when the stomach is congested, the brain may take on a similar form of derangement.

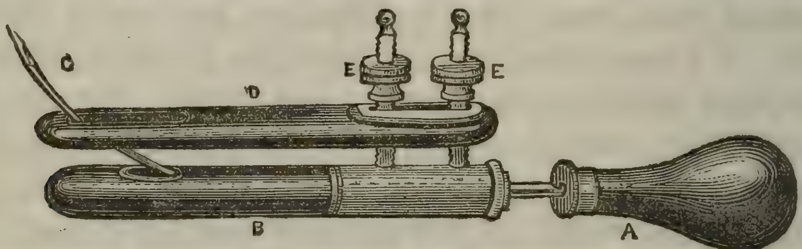
Treatment.—As it is extremely difficult to diagnose the existence of hyperæmia in some cases, so it is difficult to lay down a fixed plan of treatment. We must take into consideration the cause before we can determine what will be necessary to produce a cure. But oftentimes we can not learn the cause at once, aud yet the urgency of the symptoms may demand immediate assistance. Whatever may be the cause, in passive hyperæma, we find it necessary to increase the action of the heart and arteries, by means of remedies which will increase their force, as the ethers, alcohol, stimulants, local frictions, etc.

Active hyperæmia may be treated best with cooling remedies, low diet and bodily repose, local cold applications, and internally by acids, nitrate of soda, creamor tartar, laurel water, tincture of gelseminum, veratrum veride, aconite, digitalis (which was Rademacher's favorite remedy for disease of the heart), and other agents which will lessen the circulation. Hot hand and foot baths, heat to the surface, sinapisims, tying ligatures around the extremities, and stimulating enemata, are very valuable auxiliaries in all forms of active hyperæmia of the internal organs.

QUERIES ANSWERED—HERNIA, RADICAL CURE OF.

"In the November No. of the College Journal will you give an account of the best plan for the radical cure of Hernia, and greatly oblige *one* of your subscribers?"

The most approved method of treatment for the *radical cure* of reducible inguinal hernia, at the present time, is that invented by Prof. Wutzer, of Bonn. His plan of cure consists in the introduction of a cylinder, obliquely perforated longitudinally for the passage of a flexible needle, into the inguinal canal, as far as the internal abdominal ring, after a portion of the scrotum has been invaginated; and the introduction of a long, flexible, stillette-like needle through the perforation in the cylinder, and the tissues resting upon its inner extremity; and the application, by means of screws in the outer or exposed end of the cylinder, of a concave wooden clamp or shield, which is made to rest upon the integuments covering the inguinal canal, and, consequently, the cylinder, and which by a perforation near one of its ends, allows the needle to pass and project through it. The canal in the cylinder is lined with metal, which serves to conduct the needle through it.



The handle of the needle is represented by A. The cylinder by B. The point of the needle by C. The clamp by D, The screws by E E.

After the introduction of the cylinder, and the needle, and the application of the clamp by means of the screws, a cork may be placed upon the projecting part of the needle to prevent it from catching in the clothing or covering of the patient.

The concave clamp, or case, should be wider than the diameter of the cylinder, and the degree of pressure applied to the integuments enclosed between it and the cylinder, is graduated by the screws, which are in the outer extremity of the instrument. The cylinder should be well oiled before its insertion into the inguinal canal. The object of the operation is to produce a firm, organized plug of the invaginated portion of the scrotum, and the walls of the canal; and this is done by the adhesion which follows the inflammation excited by the instrument.

The size of the cylinder should be proportioned to that of the canal, and ordinarily it would be of the thickness of the finger, or a little larger.

Very old patients, and those suffering from a rupture of many years standing, in whom the abdominal ring is dragged down near the external one, and consequently having a very short canal, are not fit subjects to be treated with Wutzer's instrument. But it is eminently adapted to the treatment of hernia in young and middle aged subjects, in whom the canal is not materially altered, except it be from enlargement. It is applicable, then, to the majority of patients who may apply for treatment, if their hernial protrusion be of the *reducible* variety. The operation of Wutzer is safe, and when judiciously performed, produces a radical cure. It is sure to do away with the old plan of treatment by injection, a plan which is attended with many failures and fatal results.

The instrument should be kept in place for six or eight days according to the degree of inflammation excited. The clamp should not be made to press too firmly upon the integuments, but only to keep the parts in close apposition.

The needle produces considerable inflammation at the upper extremity of the canal, as it should do in order to secure a firm closure of the opening at that point. The wound made by the needle, after it is withdrawn, heals in three or four days. An oiled compress should be kept over the canal by means of suitable bandages for a few weeks after the instrument is removed, or until the parts have become as much consolidated as possible. An easy truss may be worn for a while instead of the compress and bandage. The patient should not be allowed to walk about until the inflammation excited by the instrument has passed away, as the invaginated plug might be forced out.

The instrument figured in the cut is modified somewhat from the one used by Wutzer, and we may expect to see it changed still more from time to time, and considerable improvements may be made in it. The point of the needle ought to be fixed with a screw joint, that it might be removed after its introduction, and a button headed cap be screwed on its place to hold down that end of the clamp. In such a change, one of the screws at the other end of the clamp could be dispensed with. The handle of the needle should be united by a screw, that it might be removed, to avoid its entanglement in the dress or covering of the patient. The needle should be gilded to prevent corrosion. If the weight of the testicle and the tension of the invaginated tissues be likely to make much strain upon the plug, it may be relieved by an incision of the tense tissues, and the support of a suspensory bandage which could be worn for a while.

The success that has attended Wutzer's plan of treatment, in Europe and in this country, has already placed it among the great improvements of modern surgery. So large a share of the active portion of the male population are afflicted with hernia, and so many of the cases can be cured of this distressing and dangerous disease by the above method, that immense blessings may be predicted to follow the general use of Wutzer's instrument by the medical profession. H.

ERYSIPELAS.

BY A. J. HENNING, M. D.

Having had considerable experience during the last three months in the treatment of *infantile* erysipelas, and, too, without the loss of a single patient, I have been induced to send to your Journal the following article.

Erysipelas, when it attacks infants, frequently makes its appearance within a few days after birth. It is usually confined to the skin, the disease being a superficial one, even when of a malignant character, as it was in the cases that came under my care. Locally the disease manifests itself by heat, pain,swelling, and the usual symptoms of inflammation. Constitutionally the disease was severe, in the cases that came under my care, high fever acompanying each case.

When erysipelas afflicts young subjects I have found that it has a tendency to attack the lower portion of the body, as the nates, inguinal regions, and umbilicus; yet the face and head are not exempt from the ravages of the disease. The spreading character of erysipelas when unchecked, often finds its way over the entire surface of the body, yielding, however, from the parts first attacked, and producing an aggravated degree of inflammation in the parts recently enveloped.

The redness is deep, and assumes gradually a purplish hue, which disappears under pressure, but quickly returns when the force is removed. Frequently small vesicles appear upon the inflamed surfaces. These in time dry up, and desquamation follows. The vesicles sometimes appear within twenty-four hours after an attack of the disease, yet their appearance, not unfrequently, is delayed for a longer period; and in a few cases no vesication whatever shows itself. The contents of the visicles are mostly of a serous character, being acrid, and generally poisonous, producing when transferred to a mucous surface, irritation and inflammation. In violent cases of this disease the vesication becomes ulceration, pus being excreted where serum was first effused. The lower extremities are most subject to the ulcerative form of the disease, the subcutaneous cellular tissues becoming rapidly filled with the results of the inflammatory process.

The tendency of gangrene to set in during a violent onset of erysipelas should never be lost sight of, as fatal results are pretty sure to follow a carelessly treated case of the gangrenous variety. So apt is erysipelas to spread in the areolar tissues beneath the skin that the disease is likely to get beyond the bounds of remedial applications before the physician is aware of it. This constitutes one of the principal dangers in the treatment of the disease: therefore careful watching on the part of the medical practitioner is urged, especially in the management of infants whose constitutional stamina will not allow of any considerable extent of the disease upon the surface of the body.

The viscera in infants afflicted with erysipelas are likely to be greatly disturbed, and the bowels especially are deranged. The discharges from the bowels are of a green color, and frequent in occurrence. Griping pains keep the little sufferers in great distress, and flatulence increases the difficulty.

In the treatment of erysipelas more than ordinary attention should be given to the skin. Bathing and tonic applications will have a tendency to prevent the disease from extending itself to neighboring parts. The local inflammation may be combatted and held in check by the application of an elm poultice, in which there is mixed a few drops of the muriated tincture of iron. The vegetable astringents generally serve a good purpose, yet are not so efficient as the preparations of iron, or zinc.

Internally, diaphoretics are demanded to keep a determination of the fluids to the surface and the deranged condition of the bowels may be corrected with the compound powder of rheubarb. This preparation of medicine should be given as a regulator of the bowels, and not pushed to active catharsis: purgation always proving detrimental in the treatment of erysipelas. As a diaphoretic and stimulant, I have found the Virginia snake root to answer an excellent purpose, in treating infantile erysipelas. The syrup of the iodide of iron may be administrated internally with marked success, as well as other ferruginous preparations. These agents exert a tonic effect, and the disease is one attended with much debility, especially of the capillary vessels.

The relaxants in the form of an infusion, have in my practice, been useful when applied locally. Of these, lobelia and tobacco are the most desirable. They should not be applied in quantites sufficient to excite nausea.

With the above treatment judiciously followed, few cases need be lost. Within the last three months I have treated fourteen cases, all of which were under four weeks of age, and none resulted fatally. Practice so successful should be reported for the benefit of those practitioners who are less fortunate in the management of erysipelatons cases, especially in subjects so young as those that came under my care.

NEURALGIA TREATED BY THE VALERIANATE OF AMMONIA.

BY J. L. REYNOLDS, M. D.

I was called, on the 24th of May last, to see a lady who had been affected by Neuralgia for the last three years. The pain first commenced in her teeth, and she had all her molar teeth extracted, but without any relief from the neuralgia. I tried internally all the ordinary means, such a squinia, opium, belladonna, iron, gold, fomentations, chloroform, collodion, aconite, etc. This treatment diminished the pains, but did not make them disappear. The patient could neither eat nor speak. She was obliged to live on nutritive drinks for about two months.

I then changed the treatment, and commenced, July 14, with the Valeriante of Ammonia, by giving in the evening a teaspoonful, which rendered the night endurable. Two spoonsful the next day produced relief; and on the 18th the patient was able to go out and converse; and on the 24th she began to eat. The dose of the remedy was gradually raised to a desert-spoonful, night and morning. The improvement was so great that the countenance assumed a totally different appearance, and the appetite returned. At last, on the 14th of August, the pains having completely ceased for several days, the use of the medicine was discontinued, and the patient has been entirely free from any since.

I have since tried the medicine in other cases with complete success, and I think it almost a certain remedy in facial neuralgia. The formula from which I prepare it is as follows:

℞ Distilled water, f℥ ij,
Valerianic acid, f℥ j,
Subcarbonate of ammonia, q. s.,

to neutralixe the acid; add,

Alcoholic extract of valerian, ℈ij.

My object in the construction of this formula is to obtain a concentrated solution of the constitutents of the valerian root in a condition as little disagreeable as possible.

EDITORIAL DEPARTMENT.

PROFESSIONAL CONSULTATIONS.

Although the medical profession is a *liberal one*, and consequently a gentlemanly one, and governed by the general rules of courtesy and good breeding, still it may be well occasionally to refer to those rules which have a more particular bearing upon the members of our profession in their intercourse with each other.

Professional consultation may be required for *two* distinct and different purposes, and hence should be conducted according to the definite objects for which they are called. As we owe to each member of our profession a peculiar duty, which, in most cases, is greater than we owe to the public in general, we are bound to sacrifice if needs be, our own comfort, and the temporary welfare of our patients, to give our counsel and advice to the patients of our friends and the members of our profession when called upon so to do.

In the *first* place, we may be called to give medical or surgical advice to a physician, who, from some peculiarity of his patient, wishes our opinion to guide him in his diagnosis or in the treatment of his case, or to confirm him in the course he is pursuing; or, he may wish us to confirm the wavering confidence of the patient, or his friends in the treatment.

Under such circumstances, we should, as has been said, sacrifice the momentary interest and welfare of our own patients, if necessary, to attend the consultation. Although the consultation in this case is usually called by the attending physician, and for his immediate advantage, it is ultimately for the benefit of the patient, and he should be made to defray the expenses, provided he or his friends have consented to the council being called. The law has decided, and we think justly, that where the consultation has been called, as is sometimes the case, by the attendant physician, without consent of the patient or that of his friends, the *physician* and not the patient must pay the expenses of it. The propriety of this rule is so well established in Philadelphia that many of the more widely known of the profession refuse to attend consultations unless they first have paid them their fees. If the younger or less experienced members of the profession wish the advantages of the advice of the more aged or better known, *for their own benefit*, it is but just and right that those benefited should pay for such services.

But—inasmuch as the physician when he is sick is usually incompetent to judge of his case; and when any members of his family are ill, the anxiety and sympathy he may feel for them, will obscure his judgment, or render him timid, or irresolute, and thus unfit him for taking the professional care of them—he is peculiarly dependent upon his brethren. Hence it has been the custom, and that custom has received the sanction of legal decision, that all practitioners of medicine, with their wives and their children, while under their paternal care, are entitled to the *gratuitous* services of such members of the profession as may reside near. This usage and decision are based on the fact that the obligation is mutually binding upon all the profession, and the services may be repaid *in kind*, by attendance in return upon the physician or his family, should they have the misfortune to be visited by disease. For the same reason, also it is customary for one physician to visit the patients of his friends, when asked to do so by those friends, without charging either the patient or the physician for so doing. But this is only an act of courtesy among friends, and can not well be claimed as a right.

When one physician visits the patients of another in consultation, either as an act of friendly courtesy, or in the regular course of his professional duties, he holds that consultation for the advantage of the attendant physician, and every act of the counsellor must accord with the specific object designed. As the object is to assist the *attendant physician*, and through him the patient, the proceedings should have reference to that object.

As the consulting physician or physicians must leave their own business to attend to the patient of another, it is but an act of friendly justice that the time for the meeting of the council should be left for the consulting practitioners to determine. Should it be impossible, or inconvenient, to defer the time of the meeting to the council, then the hour which will produce the least inconvenience should be selected.

When the hour has been decided upon, the utmost punctuality should be observed, and the public generally admit the propriety of that punctuality, and hence they allow the consultation engagement to take precedence of all other engagements. But physicians and surgeons can not always command their time, and hence the physician who arrives first, should, after waiting twenty or thirty minutes to accord with the difference of time-keepers, wait a still further time if possible to allow the arrivals of the other member or members of the council. Should he or they then not arrive, the consultation must be postponed to another time, and the physician must retire without any examination, even when strongly importuned by the sick person or his friends to an opposite course

In consultations, the physician in attendance should give the history of the case, together with the opinion which he had formed, and the treatment which has been adopted. *He alone* is responsible for the course which has been and will be pursued. The care of the patient, and the responsibility of the case are his, and hence the council have no right to make any further inquiries or examination into the condition of the patient than the attendant physician chooses they should.

The counsellor may put as may questions to the attending physician as he chooses before he expresses any opinion, but he has no right to approach the patient to make a verbal or other examination, unless he be specially invited so to do. The want of recognition of this plain rule of gentlemanly intercourse has broken warm friendships in the profession, and frequently has led to coldness or enmity among those who were but slightly acquainted.

In consultations, entire candor and honor are demanded on the part of all, and certainly proper respect should be shown toward those who have asked the opinion of others in regard to their own patients. The examination of the patient being made by the attendant physician, and by the counsellor if requested to make personal investigation, they should then retire beyond the presence of any other person, for consultation and deliberation.

At such times it is obvious that as far as possible all discussions of matters not directly pertaining to the case should be avoided. No gentleman would introduce the subject of religion or politics, or any other matter in regard to which he *knew* he differed materially from those around him, and the same rules of gentlemanly conduct would preclude the discussion of points in medical faith on which there was a want of agreement.

But should a discussion as to the nature or treatment of the case arise such discussion must be secret and confidential. Neither by manner, innuendo, or word, should the fact, the occasion, or nature of the discussion be intimated. Whether the discussion of the subject under consideration leads to a final agreement or not, the demand for entire secresy remains unchanged. The care and the responsibility of the patient rest with the *attendant physician*, and he would be doing an injustice to his patient, and himself which no *true* man will consent to, should he give up his own opinion and treatment, and adopt another without at the same time being fully convinced of his own error, and the correctness of the change which he adopts.

After consultation, the physician in attendance, and he alone, has the right to give directions as to the future course to be pursued. No statement may be made to the patient or the friends, by the council, except with the consent of the attending physician and in his presence. No opinions or prognostications should be given unless they are first concurred in by the one who has to bear the responsibility.

Should, as is sometimes the case, the consultation be requested for the purpose of restoring or confirming the confidence of friends, and there is no radical difference of opinion in regard to the case, it is proper and right that the consulting physician do what he can towards placing the physician who has charge of the patient firmly in that confidence which has wavered. He should do this, not only for the benefit of the attendant, but also for the good of the patient. Without full and entire confidence on the part of the patient and friends, the physician can do far less than otherwise for his benefit, and he who restores that confidence when wrongfully lost, may be doing a greater service than he who merely directs that a new remedy be used.

Where such is the case, the counsellor may, if he be asked, address the patient or the friends, and say what is necessary to be said to restore their confidence. But even then he should say and do only what had been agreed upon in the private consultation, and great circumspection should be used that nothing be said or done which the attendant physician, even if he be unusually sensative, can interpret as an attempt to gain personal *eclat*, or supplant him in the confidence or good will of the patient or his friends. The highest compliment which one physician can pay to the science and skill of another, is to place himself or family under his care when sick, and the next is to ask him to meet at the bedside of the patient in consultation; and in return for that, nothing short of the conduct deserving that high encomium is allowable or should ever be indulged in.

In return for the care and circumspection used by the consulting physicians, the ordinary rules of civility require that the physician having the care of the sick, give to his council all the information which may be required for as full and perfect an understanding of the case as possible, and render them all the aids and facilities which the nature and circumstances of the case may demand, that the knowledge be accurate and perfect.

If the consulting physician be not fully satisfied with the information he has, he may demand more before an opinion is expressed, but that additional information must be obtained through the attendant physician, and not of the patient or friends, unless the permission to obtain it of them be specially granted; which it will readily and gladly be under ordinary circumstances. But cases may occur when all will see the propriety and necessity of the physician's withholding extraneous information of which he may be in possession, and which, while it may have been of use to him in forming his opinion, he has no right to impart to another. In all matters where so doing will not jeopardize the the rights or morals of others, the physician is bound sacredly to guard the secrets of his patients, even from other members of the professsion. This duty is too often lost sight of, and the sick frequently are opposed to a council being called because they do not wish others to become acquainted with these private matters. Of course the extent to which the secrecy of the physician should be observed, must be governed by the same rules which govern other men. The profession of medicine does not confer upon those who practice it any peculiar immunities or privileges in this regard, but no gentleman, whether a member of the medical profession or not, will become an *informer*, unless the welfare of others demand of him to impart the information which he has obtained.

In consultations, after the attendant physician has first given the history of the case, his opinion and treatment, the youngest member of the council should next be called upon, and the others in the order of age, beginning with the youngest, and no one should vary that order, for this is a settled rule in all consultations, whether medical or otherwise.

As the consultation was called by the physician in attendance, no right exists to propose another consultation, unless at the wish of him who called the first, or the patient, or his friends.

As the consulting physicians give to the one who has charge of the case, and through him, the patient, the benefit of their advice as well as more than the usual amount of time, and as they have given up the attendance of their own patients for the purpose of attending to the wishes of others, it is but just that they have paid them a full fee for so doing, and twice the usual price is the least that can be asked. But when a consultation is continued from day to day, no more should be charged after the first day than the fee which physicians are accustomed to receive for similar services, when attending on a patient alone.

Thus far we have considered only the *first* kind of consultations, or those where one physician is called to visit the patient of another, *by the attending physician, and for his personal benefit*, and through him perhaps for the benefit of the sick, but oftentimes a physician is asked to visit the patient of another physician *by the patient or the patient's friends, that they may have the benefit of the opinion, which his science, experience, and observation lead him to form.*

When called as expert under those circumstances, the position of a physician is by no means enviable. The idea has obtained with the public, erroneously as we think, that a practitioner of medicine is *obliged* to attend to all calls, whether he wishes to or not; but no one on entering the profession of medicine has assumed any duties or obligations, or secured any privileges which other persons with the same kind and amount of knowledge are not subject to. A physician may visit a patient in consultation or may refuse to make the visit as he chooses, but should he consent to go, the entire skill and knowledge of the physician, so far as it has a bearing upon that case, belongs to those who employ, and *should* pay for the same. The duty which the profession owes to the public, or humanity, is not lessened or modified by the fact that another physician is in attendance. The consulting physician has placed himself under an obligation to the patient exactly the same as if the patient was his own brother. But he is under obligation to the profession also, and the true dictates of gentlemanly humanity will not allow him to sacrifice his obligation to the one party, from his supposed obligations to the other.

Not always have the profession viewed the matter in the light here presented, and the welfare of the patient has been sacrificed to what has been supposed to be the *dicta* of professional ethics. In all urgent cases, the plainest dictates of humanity would lead a physician, if possible, to render the required assistance, even when he does not wish to continue the attendance; and if the attendant physician is not at hand, he has no right to complain of another who has been called in, but rather should be thankful that it was possible for another to give the needed assistance.

Physicians are *employed*, as lawyers and other men are employed; and the employer should have proper regard for the feelings and the interest of the person who renders the almost sacred service a physician can render to his patient; but the fact that he is so employed, does not give the attendant any authority or control over the wishes or will of the sick, farther than may have reference to the proper observance of the directions necessary to the restoration of health. The people may have had every reason to confide in a physician, but for some cause that confidence in the philosophy, skill or judgment of the physician, however unjustly, may have lessened, and the sick or his friends, knowing how incompetent the non-professional usually are to decide in these cases, may wish to employ counsel to guide them. They have a *right* to employ any counsel they choose. By having been employed as a physician no *ownership* or control of the patient in this regard has been acquired, and however much we may deplore the want of public confidence in the profession, we have no right to complain when it is manifested.

When one physician is called to visit the patient of another, as the *counsellor of the patient*, and he consents to go, he not only renders himself legally liable for the results of the opinion he may give to the patient, but if that opinion be adverse to the course pursued by the attending physician, he is legally liable to the physician for that opinion also. Hence a due regard for his own safety as well as for the safety of his patient and the welfare of the physician in attendance, will lead to extreme caution, both in the formation and expression of an opinion.

If before any opinion is expressed the patient wishes to dismiss his former attendant, he may do so, but no one would be willing to take the patient of another under such circumstances, but would rather demand a meeting with the former, and after proper consultation, let him continue treating the case, or retire from its treatment as he chooses. But if for any reason, one physician consents to take charge a c ase that has been under the care of another, the one who assumes that responsibility may with due regard for the professional character of the former physician, make such an expose as may be due to his own professional character and safety.

In surgical cases in particular, where an error in diagnosis or treatment may lead to death, to deformity, or to suffering, and which sometimes leads to suits for alleged mal-practice, should the consulting physician carefully guard the interests of others. But in no instance should he let his regard for those in the profession lead him to sacrifice the patient's welfare whose counsellor he is, or his own sense of truth and honor.

BOOK NOTICES.

A History of the Vegetable Kingdom; embracing the philosophy of plants, with their uses to man and the lower animals, and their application in the arts, manufactures and domestic economy. By WILLIAM RHIND, Lecturer on Botany, Marischal College, Aberdeen. Illustrated by several hundred engravings on wood and steel. Blackie & Son: Glasgow, Scotland. 1855.

THE contents of this very valuable work are amply set forth in the above title page. The illustrations are executed in the best style of art, and the coloring of the plates is accurate and beautiful. To all who feel an interest in the department of natural science, as well as the physician, this work must prove of much importance and should find a place in every scientific or medical library.

The Medical Student's Vade Mecum ; A Compendium of Anatomy, Physiology, Chemistry, Poisons, Materia Medica, Pharmacy, Surgery, Obstetics, Practice of Medicine, Diseases of the Skin, etc., etc. By George Mendenhall, M. D., Prof. of Obstetics and Diseases of Women and Children, in the Medical College of Ohio; Member of the American Medical Association, etc., etc. Fifth Edition, revised and greatly enlarged, with two hundred and twenty-four Illustrations. Philadelphia: Lindsay & Blakiston, 1857.

We are sorry to be obliged again to notice a medical work that we can not recommend to the class for which it was designed. When a new work comes out, or the new edition of a work greatly enlarged, it is a pleasure to review it, and observe the progress made in science. But, on the other hand, when a book comes to us, having no more claims, even for one of its kind, to a recommendation, than the *Medical Student's Vade Mecum*, it is a duty rather than a pleasure, to treat it deservedly. As our readers are aware, this is not the first time we have been called upon in the discharge of our duty as journalists, to publish our sentiments in regard to manuals of this kind. The least objectionable of the lot is *Neil and Smith's Compend of Medical Science*, which was noticed a year and a half ago; since then *Ludlow's Manual of Examinations* come out in the form of a new edition, "thoroughly revised and much enlarged," and it received such compliments from us as it seemed to demand. The fact is, the shrewd publishers having old plates on hand, wish them to earn an honest penny, so they engage some fourth rate, ambitious men,—of which the profession is overstocked—to compile from antiquated authors, for whose works the plates were gotten up, something in the form of a book in which the cuts may appear again, and help sell the merchandise. The *Vade Mecum* and *Ludlow's Manual* have figures in them after Cooper, that have been so long in existence since conception as to appear bald-headed, and otherwise show the ravages of time. They represent a practice,—for instance, those cuts which were gotten up to demonstrate the method of reducing dislocation by extension and counter-extension—mostly gone by, and ought to be estimated more for their antiquity, and as representing the improvements that have taken place in surgery since they were designed, than as being faithful representations of the practice of our times.

Men and things have local influence. Blanchard & Lea secured a large Eastern trade by employing Ludlow to compile a *Manual of Examinations*, in which their old plates could be used. Lindsay & Blakiston, imitating their neighbors by employing a Western compiler, have contrived to find use for *their* old plates, and to secure a trade on this side the Alleghanies. The scheme is a good one, financially, but such contributions are not greatly desired by the profession.

Prof. Mendenhall, in the *Vade Mecum*, fails to speak of many important diseases, yet he puts questions and gives answers in regard to phlegmasia dolens, prolapsus ani, and other difficulties, in several different parts of the work. Their repetition in the same work should have been avoided.

Medical students and young practitioners, for whom the work was especially designed, need the *whys* and the *wherefores* of medical science, but by devoting their attention to the *Vade Mecum*, their memory alone will be exercised; and so great is the task of committing so many unexplained, arbitrary statements that the common mind tires out in the performance.

Much of the treatment recommended in the work under consideration, is so antiquated, heroic, deficient, and in many cases—in our opinion—dangerous, that we can not commend it to our readers. According to the *Vade Mecum*, in the management of burns, "the essence of peppermint is one of our best applications to assuage pain, and prevent the effusion of pus." And "dry flour is a good local application in all forms of burns." No comment is needed. A first course student could see that flour applied to a burn would soon become hard, and prove highly injurious. And we have yet to learn what beneficial effects the "blue pill and other mercurials" could have in the treatment of indolent ulcers; yet it is not difficult to see why such "ulcers should (could) not be healed when they have been standing for many years," if such treatment be followed.

In the management of *reducible* inguinal hernia, the student and young practitioner are to remember that "an appropriate truss is the proper treatment," and if there is any radical cure for the difficulty they can not find a hint of it in the *Vade Mecum.*

And in the obstetrical department, be it remembered, that menstrual blood "is not coagulable," and that it is a "secretion" from the internal coat of the uterus. There is a Scriptural account that the Savior *sweat* blood, but such wonders are not to be expected at the present day, unless we believe that blood is *secreted.*

The rules given in the *Vade Mecum* for establishing respiration where it is delayed in the new-born infant, embrace notions long since exploded. Also those recommended to be practised in cases of suspended animation, as from hanging or drowning. The late Dr. Marshall Hall, and other experimenters, it was to be hoped, had quite done away with those irrational modes, yet they are *trotted out* in 1857, as guides for the student and young practitioner. But the deficiencies and inaccuracies are too numerous to be followed further. We are confident that no student could be led to purchase it, except as a *pons asini* to carry him through the *green* room, and then he might not have a chance to "speak well of the bridge that carried him over."

Lectures on the Diseases of Women. By Charles West, M. D., etc. Part 1. Diseases of Uterus. Philadelphia: Blanchard & Lea, 1857.

Twelve years since, J. H. Bennett, M. D., who had previously enjoyed, for seven years, the advantages of the Hospital St. Lazare, where half a thousand of prostitutes are being treated; at the Hospital St. Louis, the receptacle of syphilitic and scrofulous patients; at La Pitie; La Maternite; La Charitie; the Hotel Dieu; Salpetriere, and in private patients, as well had tested the correctness of his views by several years of additional experience, was lead to publish at first in parts, in the *Lancet*, and then in the form of a book, his work on *Inflammation of the Uterus, Its Cervix and Appendages.*

At first, when he published his *Thesis*, four years previously, as well as on the appearance of this more elaborate work, the views published by Dr. Bennett were almost in exact opposition to those entertained by the great majority of the profession and its writers; and it was only after the most strenuous opposition that he was able, in any considerable degree, to establish the accuracy of his observations, and the conclusions to which he had aimed.

The opponents to the teachings of Dr. Bennett were of two classes: First, Those who denied the existence of the lesions of the uterus, as described by Dr. Bennett; and those who admitted the possibility of inflammation of the neck of the uterus, and yet deny their ulcerative nature, and consider any examination with the speculum or other instruments unnecessary and hurtful. Secondly, Those who admit the lesions, but differ as to the causes, symptoms, and pathological importance.

To the first class belonged Dr. Robert Lee, who, seven years ago, attacked Dr. Bennett with great violence in a paper read before the Medico-Chirurgical Society; and to the second class belongs Dr. West, who delivered the Croonian Lectures for 1854.

In those lectures, Dr. West admitted that ulceration was of very frequent occurrence, and yet he said it was of little or no pathological value. He looked for himself, as had frequently been desired by Dr. Bennett, and in two hundred and sixty-eight women he found one hundred and twenty-five case of ulceration.

Dr. West, in this controversy, has shown himself an honorable and scientific man, who, unlike Dr. Robert Lee, has been willing and anxious to examine for himself, and has freely made public the results of his investigations, even when others thought they went directly counter to the position he assumed, *that the inflammatory ulceration of the neck of the uterus was of no pathological importance*, but is rather a *casual* concomitant of many disorders of the womb, giving rise to but few, if any, unpleasant results, and rarely calling for special treatment.

No one can peruse these Lectures, which embrace many of the more important diseases of the womb, and not perceive that a very valuable contribution to our medical literature has been presented us, and look with earnestness and hope for the remainder, which the very great hospital opportunities of the author has given him the power, and the right, and made it his duty to present.

Eighth Annual Announcement of the Female Medical College of Pennsylvania, located in Philadelphia, for the Session of 1857–8.

The demand for well educated Female Physicians which is in accordance with the spirit of the age, has led not only our own College and the Worcester Institution located at Boston, to open their doors to Females on the same terms as Males, but some years ago led to the establishment of the Female Medical College of Philadelphia, more recently to another in Boston, and the establishment of the New York Infirmary for Women and Children, under the care of Dr. Elizabeth Blackwell—and we doubt not in the end will all prove as successful as they deserve.

By this announcement we learn that the Female Medical College in Philadelphia has since its commencement matriculated one hundred and sixty-four students, and that the *curriculum* of study and the requirements for graduation are as high as the best medical schools in the country.

Their terms are ten dollars for each Professor, making in all seventy dollars; five dollars for Practical Anatomy and twenty-five dollars for Graduation.

Transactions of the New Hampshire Medical Society, held at Concord June 2d, and 3d, 1857.

The sixty-seventh anniversary of this Society was well attended, and the Physicians of that State take a deep interest in its welfare. The present volume of transactions occupies over an hundred pages, and is every way creditable to our brethren in that State. When our pages are less crowded we expect to refer to some of the reports more particularly than at present.

Introductory Address. By Prof. I. Boring, of Atlanta, Geo.

We have received this famous Anti-Tobacco Lecture which has attracted full as much attention as it deserves. It is a production very creditable to the author, but we think it takes but a one-sided view of the subject.

A Theoretical and Practical Treatise on Midwifery, including the Diseases of Pregnancy and Parturition, and the attentions required by the child from birth to the period of weaning. By P. CAZEAUX, etc., etc. Second American, translated from the fifth French edition, by WM. R. BULLOCK, M. D. With one hundred and forty illustrations. Philadelphia. Lindsey & Blakiston. 1857.

All our readers who are acquainted with the works of the profession will welcome with pleasure the translation of this *fifth* edition of the well known work of Cazeaux, (which first appeared seventeen years since,) and their pleasure will be greatly enhanced by knowing that this edition is nearly twice as large as that translated by Prof. Thomas in 1850, and is as the author has said, "a new book in which will be found collected all that is known in respect to the obstetric art."

The former work has undergone a thorough revision, and the author has taken freely from those who had already published their views, whatever he judged to be truth, particularly from the scientific and eminently practical writings of Madame Lachapelle. But, while he has referred to those who have gone before him, he is by no means a *simple compiler.* His long experience and ample opportunities in the lying-in hospitals and elsewhere, has enabled him to put to a practical test the opinions of others, and to adopt only such as stood that test.

The work has been examined with great care; the pathology of the pregnant female greatly extended; and a part added devoted exclusively to the hygiene of nursing children; and while we would by no means endorse all the *treatment*, we would again repeat our opinion that it is a book that will be received with pleasure by the profession.

Report of the Commissioner of Patents, for the year 1856, in three volumes. Washington, 1857.

We have received the above report and we observe that the first half of the first volume is made up entirely of tables, giving *first*, a list of expired patents, and *secondly*, a list of patents issued, while the last half of that volume and the whole of volume second is made up of descriptions and claims of patents issued. The third volume is filled with plates illustrative of the articles for which patents have been issued and an index to the descriptions and illustrations. The whole is a monument to the skill and inventive genius of this country.

Without stopping to notice the many things which are of interest and value to the general reader, we find a few pages devoted to the descriptions of surgical instruments, from which we learn that L. Tillotson has received a patent for employing electricity in conjunction with cupping as an adjuvant in the treatment of disease:

Joseph Cheever—for combining electricity with the instruments used for the cure of varicocele, sterility, impotency and other diseases of the genital organs:

John S. Drake—for an improvement in artificial hands and arms:

O. D. Wilcox—for improvement in artificial legs:

Wm. Selpho—for an improvement in the construction of artificial legs so forming the joints at the knee that there is no liability to move sideways, but at the same time leave it free to move in the natural manner:

Isaac H. Branch—for an apparatus for the application of freezing mixtures to the teeth that they may be extracted without pain to the patient.

We see nothing in these reports in relation to the application of galvanism to the forceps in the extraction of teeth, and conclude that that has not as yet been patented.

Human Histology in its Relations to Descriptive Anatomy and Physiology. With Four Hundred and Thirty-Four Illustrations on Wood. By E. R. Peaslee, A. M , M. D , Professor, etc., etc., "Maxime in Minimus." Philadelphia: Blanchard Lea. & 1857.

For several years the medical profession have been waiting with no small amount of anxiety the appearance of this work, the plan of which was formed long since, and in accordance with which the author has arranged the lectures which he has given in New York, New Hampshire, and Maine.

The aim of the work is two-fold, and is briefly but clearly given in the preface as follows:

"I. To give a corrected view of the simple chemical elements of the immediate principles, the simple structural elements, and the proper tissues, entering into the composition of the fluids and solids of the human body.

"II. To associate with the structural elements and tissues, their functions while in health, and the changes which they undergo in disease."

In carrying out his design the author has very properly consulted the works of Verdeil, of Robin, of Kolliker and of Lehmann, and he has probably been influenced somewhat by the teachings of Draper.

In part I. is considered the simple elements which enter into the structure of the human body; and the immediate principles which govern the formation of the tissues of the human body. This requires about seventy pages.

In part II. there is given a definition of the term *histology;* and *human histology* is defined to include both general and special, as well as *physiological* and *pathological;* thus underlying the whole domain of anatomy as well as physiology. In the second part, which occupies five hundred pages, are considered not only the principle *histological elements*, but all their uses and combinations in the formation of the simple cell, the fluids, and all the tissues and structures and parts of the human body ; making it by far the most complete and satisfactory work of its kind in the English language.

Well may the profession be proud of this work, as they have for a long time been of its talented and conscientious author.

The American Family Physician; or, Domestic Guide to Health, For the use of Physicians, Families, Plantations, Ships, Travelers, etc. By John King, M. D., Professor of Obstetrics and Diseases of Women, in the Eclectic College of Medicine, Cincinnati; formerly Professor of Materia Medica, Therapeutics, and Medical Jurisprudence in the Memphis Institute; Author of the American Eclectic Dispensatory, the American Eclectic Obstetrics, etc., etc., etc. Cincinnati: Longley Brothers. 1857.

The above work by Prof. King, a brief notice of which was made in the College Journal, for September, is now ready for delivery. We have not been able to examine it thoroughly as we would like, but from a cursory examination of the work, and the well known reputation of the Author, we can not hesitate to recommend it. It is well illustrated in every part where plates are necessary, and although some of the illustrations appear to us like *old friends*, yet they are well adapted to the end in view.

The first one hundred and seventy-two pages are devoted to the best means for promoting health and longevity, in which we find much valuable information in regard to hygiene and dietetics. It is much better to inquire how disease can be prevented, than how it can be cured. It is a lamentable fact that a vast majority of the "ills that flesh is heir to," are brought on by sheer inattention to those few and simple measures, which observation and experience have proved to be the only true and never failing sources of mental and physical health.

Part First treats of fibrile, inflammatory, eruptive, dropsical, nervous, cutaneous, and urinary diseases; also the diseases peculiar to women and children, together with some practical observations in regard to lying in women, newly born infants, etc., etc.

We notice that a large share of this part of the work is devoted to the consideration of chronic diseases, in which is detailed the treatment used with so much success by the author for the last twenty-five years.

Part Second, consists of a description of the accidents and diseases of common occurrence, which have been assigned to the department of surgery alone: as wounds, fractures, dislocations, ulcers, etc., and is amply illustrated by wood-cuts which look very *familiar*.

This part of the work is short, occupying only sixty-eight pages, yet the descriptions are clear and plain, and the directions sufficiently minute to enable the friends to provide against any immediate danger, or until a surgeon could be obtained. This book is not intended to supersede the attendance of the physician in those cases where his presence would be necessary, but to supply a vacuum which has long existed in regard to popular medical education. The liberal minded, unprejudiced physician, is well aware that the more informed the public are of the human organism, its causes of impairment, and the best means to repair it, the better will it be for him, by enabling them to judge between the "mere pretender and the man of merit."

Part Third, contains a list of many of the more valuable articles of the Materia Medica, to which is added a Pharmacy, in which we find the formulæ for preparing all the compounds recommended in the work as well as the character of many popular nostrums that are in common use among the people.

Part Fourth, gives a description of the Hydropathic appliances which are in general use among hydropathic practitioners, and constitutes not the least important portion of this valuable book. To this is added a Glossary of all the technical terms necessarily introduced into the body of the work. A copious Index closes the volume. The whole is written in the clear, concise style characteristic of the author, and should find a place in the library of every physician, as well as in every family in the land.

* * *

First Book of Chemistry and Allied Sciences, including an outline of Agricultural Chemistry. By John A. Porter, M. A., M. D., Prof. of Organic Chemistry, in Yale College. New York. A. S. Barnes & Co. 1857.

This little work is evidently intended for very young beginners. The general plan of it appears well adapted to the end in view, but we feel constrained to remark that it is not devoid of errors, which we think a matter of much importance in juvenile works, since the ideas we embrace while young are with difficulty eradicated.

MISCELLANY

RENEWAL OF SUBSCRIPTIONS.

As the year is drawing to a close, and there will be a new set of mail books for the College Journal, in which the names only of such as *pay in advance* will be entered, we hope the renewals of subscription will be prompt, to enable us to determine the number of Journals for 1858 which may be needed. Last January we had printed twenty five hundred copies, and the edition having been completely exhausted, some of our later subscribers will be deprived of No. 1, unless our friends send it to us.

As our Journal is by far the *cheapest* of the kind published in the world, and as we can not sell the bills of some banks *without great sacrifice*, we must insist that gold, postage stamps, or *par* bills be sent by our subscribers, for the coming year.

WORCESTER MEDICAL INSTITUTION.

By a circular received from the *Dean* of the Worcester Medical Institution, we notice that at a meeting of the board of trustees, held on the 15th of October, it was voted to postpone the next course of lectures, in the above named Institution, until November, 1857. Heretofore the lecture term has been in the spring, and it was deemed expedient to change it to a *Winter* course, hence the postponement.

We have no doubt but the change from a Spring to a Winter Session will prove advantageous to the interests of the Institution, and better accommodate its patrons. Those expecting to attend lectures at the Worcester Medical Institution during the next term, as advertised in the last two numbers of this Journal, will be governed by the above mentioned change in time.

The well earned and sustained reputation of the Worcester Institution and its facilities for giving a practical course of instruction can not fail to attract a large class in November, 1858. Catalogues, announcements and circulars may be obtained by addressing Prof. J. W. Johnson, Hartford, Conn.

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ORIGINAL CONTRIBUTIONS.

NATURE AND CAUSES OE ASIATIC CHOLERA

BY PROF. MICHAEL VON VISANIK.

Translated from the German, by T. C. MILLER, M. D.

[Continued from Page 488.]

IN the investigations as to the nature of Cholera, it is of deep importance to determine what other diseases are similar to it in some of their symptoms, but of more importance to learn wherein exists their difference.

In some regards *measles* have intimate relations to cholera, but rather as to a similarity of remote and immediate *origin*, and as a precursor of cholera than any marked similarity of symptoms.

Although we have no reliable authority as to when or where measles first appeared, yet we know they prevailed at an early period in Arabia and were described by RHAZES.

Whatever may have been the *originating* cause, however, they now frequently appear in conjunction with a peculiar condition of the atmosphere, and more or less modified if not produced by it. Experience teaches also, that measles, like cholera, are apt to attack those who are exposed to their influences, even if there be no contact. The infecting miasm of each of these diseases is very volatile, and it combine very intimately with the atmosphere.

As persons may pass through the sick-room of a person having measles without contracting the disease, so one may pass through an atmosphere of cholera miasm and not be attacked with it. In either case, the more powerful or concentrated the miasm, the more likely is exposure to it to produce disease.

From this and from history in regard to the origin of measles, and the sporadic and epidemic appearance of the disease, there is a similarity between that disease and cholera, although the anatomical and exanthematic character of its manifestations is greatly different.

Scarlet Fever has also a certain similitude to cholera. It was known to Hippocrates and Galen, and they describe it as having produced frightful devastations. The place where this disease originated is not known, but it without any doubt owed its origin to atmospheric miasm which may effect susceptible individuals. In these regards it resembles, although in others it greatly differs from the disease under consideration.

Dysentery resembles cholera in the severe abdominal pains, the frequent tenesmus, and often in the copious fluid discharges as well as occasional extraordinary collapses of the patient. Dysentery also appears in both a sporadic and epidemic form.

Both these diseases appear often as epidemics in India and Hungary, and not very seldom in Europe. Hippocrates clearly described dysentery and Sydenham gave a clear, acute, full and accurate description of it. He said it originated in the same region of country with cholera, and like that disease, appeared sporadically, and as an epidemic. But while in many regards the resemblance between these diseases was very marked, yet cholera was more rapid in its course, and carried peculiar symptoms in its train not to be found in the train of dysentery.

So also in *Small-pox* there is a similarity to cholera in some particulars, the same as there is in all infectious and contagious diseases. The active fever belongs alike to all eruptive specific fevers, but the severity and dangerous nature of the malady, with its sporadic and epidemic appearance, as well as the fatal results of the disease, make us naturally place it beside the plague and cholera.

According to the calculations of Susmilah, Tissot, Howard, Tanker and Faust, before the introduction of innoculation into Europe, there were at least yearly 450,000 victims to this disease.

This was distinctly described, according to Moore, as early as 1122 years before the birth of Christ, and from China it passed to Japan and the East Indies. It was observed in Persia and Arabia in the sixth century after Christ, and was brought, together with measles, from Persia, by the Saracens in the eighth century into Africa, and shortly afterwards it was introduced by the Moors into Spain which was then occupied by them. In the twelfth century, those who were of the Crusade against Jerusalem, brought it from the Orient to other parts of Europe where it spread with great rapidity.

The *original* cause of small-pox was similar to that of measles, scarlet fever, typhoid fever, typhous contagious fever, dysentery and cholera. They all have a similarity of origin, and a similarity in their manner of appearing either in the sporadic or epidemic form.

But with this similarity in some regards, there is also very great diversity in others and particularly as to that part of the system especially affected.

Typhous Contagious Fever in some particulars presents great similarity to cholera. It appears to originate with a peculiar atmospheric condition, which, as yet, has been undescribed by the chemists, although it appears frequently to be caused by the putrefactive decomposition of animal and vegetable matter, as after floods, standing stagnant waters, exhalations from the persons where people are crowded together, and particularly from the exhalations of putrifying human excrements.

The experience of the profession shows that this form of typhous, like cholera, has great power of infecting the atmosphere surrounding the patient. And this is especially manifested in that form of fever by the French School styled *Dothinenterite*, or *Eruptive Typhoid Fever*, so that with many, no doubt exists that typhous and typhoid fever, and cholera, are but different external manifestations of the same internal diseased conditions. This opinion is *not* entertained by the writer; but I think they belong to the *same class*, and hence the one may be produced by the causes that under other circumstances might produce either of the others.

Cholera frequently is preceded by diarrhœa or dysentery, and it is not seldom that similar derangements of the bowels accompany fever. We may observe these different forms of disease in the same patient, and oftentimes the different forms appear as different degrees of severity of the same disease rather than distinct derangements of the system.

When an epidemic appears it is the duty of a government to take the necessary sanative measures to prevent its fatal ravages, and that without delay, as otherwise, for the want of this protection on the part of government, many very valuable lives may be lost.

Cholera usually appears first in the great cities where there are *masses* of people, and from thence it follows the great routes of travel, still keeping where there are crowds of persons, as armies, or the routes of railroads or steamboats, or at large hotels, and from thence it radiates throughout the country. Hence all should prepare for its appearance by the removal from the public streets and ways all things which can generate it or aggravate its attacks, and by proper hygienic and dietetic measures. As government was instituted for the protection of the property and lives of its subjects, this, if needs be should be directed by the government, which should employ those who are able to instruct the people, and warn them against placing confidence in those so-called "cholera-cures," and other secret preparations which the anxiety and fright produced by the disease, are apt to lead the ignorant to purchase and use.

In the larger cities there should be hospitals with a sufficient medical attendance to take immediate care of all who are attacked. In Vienna, in 1856, under the unwearying direction of Dr. Haindl, the cholera-patients were taken to the General Hospital; and by proper ventilation, the epidemic was confined to the wards devoted to it.

Among the people in the smaller towns and in the country, proper hygienic measures should be taught and practiced and particularly in regard to all miasms and diet. In general, all excess of food or drink, even the slightest, will be found dangerous, as well as all severe fatigue of either body or mind. Exposure to wet or sudden changes of temperature are very dangerous.

DYSENTERY.

BY LEWIS E. MILLER, M. D.

In the treatment of disease, we should only use such remedies as do not injure our patients—those which not only cure the disease, but do not create another that is more difficult to eradicate than the primary one. But in the practice of medicine, if one would pursue it with success and scientifically, we must be guided by experience and observation, and not wholly by authority. One of my preceptors often told me that "I should examine all, and choose the best." Blind faith in authority is the road to the grave-yard.

In Dysentery only the large intestines may be affected, or the whole alimentary canal may be diseased. Even in the latter case, the rectum and colon suffer more than the upper portions of the track. In both forms of the disease the colon takes on more or less of constriction, producing tenesmus and pain. The symptoms of the two forms are often so nearly alike that it is difficult to distinguish them. But when the whole length of the intestine is diseased there is usually a fecal diarrhœa which precedes the dysentery; but this is not always a diagnostic sign. Vomiting is also present at times, in the earlier stage of this form of dysentery.

When the dysentery is confined to the colon and rectum, there is usually a discharge of bloody mucus, or blood unmixed with feces, but in the milder attacks feces may be present in the stools. Vomiting is seldom present where the large intestines only are involved.

In some epidemics, we observe that both forms may be presented, and they may approach each other by imperceptible shades, and be much modified by the peculiar constitutions of different individuals.

The first form of the disease often increases the irritability of the whole of the intestines to a very great degree. In those cases, after the constriction of the colon has been overcome, a diarrhœa will set in and great improvement will be observed; but the least quantity of any kind of alcohol will increase the irritability of the intestines, and the disease will be as bad as ever. I would ask if purgatives of an irritating or drastic character must not produce a similar effect? My own observation has been that death, in nearly every instance, has been the consequence of their administration. In these cases emetics and purgatives are found entirely inadmissible, and those who give podophyllin or lobelia in sufficient doses to produce catharsis or emesis, oftentimes will do irreparable harm. These are the cases where small doses of laudanum or morphia have been found to succeed, but only after the lapse of from two to four weeks. Opium has the power of lessening vital force, and the young or very aged, having but little vitality, are not found to bear it well.

The profession will not misunderstand me, for I do not reject opium in the treatment of disease, but I do reject it in dysentery in many instances where it is used by others. Opium is valuable to allay pain in all cases where a radical cure is not to be anticipated, and also in those cases where pain must prove greatly injurious, but I do not think it has great curative value. It is often used by the ignorant at the wrong time and in wrong cases, and hence, it has ruined more patients, or placed them beyond the power of remedies, than it has cured of grave diseases.

Only recently have we commenced to study the true action of remedies, and to distinguish between their therapeutical and physiological action upon the system.

To give the sulphate of morphia in grain doses every one, two, or three hours in this disease as has been recommended by some writers, must increase the engorgement of the colon, and particularly of the rectum. In cases treated thus the opiate has not time to overcome the constriction of the colon before the whole system feels it, and the spasm and tenesmus will be increased to a frightful degree, and if the patient does recover under such treatment, the organism is found to be greatly affected. The digestion is disturbed, the mouth and larynx become dry, saliva is secreted in reduced quantities, much less bile is formed than usual, the kidneys are dried up, and the feces will be voided sparingly and with great difficulty. On examining those who have died with dysentery after having been treated with large doses of opium or its preparations, such lesions will be found that I am not the least surprised that writers in the journals say that this disease baffles the utmost skill of the profession.

Where the whole of the alimentary canal is affected, in most epidemics, I use the aqueous infusion of rhubarb; but it has failed in some instances. Where no vomiting has been present the following formula, which is one of Rademacher's, somewhat modified by myself, has been found to produce a cure in a few days:—

R. Nitrate of Silver, pure, ʒ iss.,
Oil of Sweet Almonds, fʒ iij.,
Gum Arabic, ʒ vj.,
Water, f℥ viij. Mix.

Form emulsion. Dose, a table-spoonful every hour.[1]

In cases where vomiting is present, I have given the medicine already published by my brother; but should the vomiting be very severe I have used another formula of Rademacher's, as follows:

R. Acetate of Soda, ʒ ij.,
Gum Arabic, ℥ ss.,
Water, f℥ viij. Mix.

Dose, a table-spoonful every hour.

I do not intend to say that the treatment I have adopted is the best that can be devised, but I have been successful with it. Under the best methods of treatment, patients will die once in a while, in spite of all we can do. Either they may have long standing disease of some organ, or the directions of the physician have not been followed, and in those cases the failure ought not to be charged upon the remedy.

I will now consider as briefly as possible, that other form of the disease which is confined entirely to the large intestines. In this form of dysentery, as well as where the whole intestine is affected, there is constriction of the colon, often of a severe character, producing painful tenesmus, but very seldom causing vomiting. When the disease is very severe, or continues long, a part of the small intestines may be involved. In all these cases where there is constriction or obstruction of the colon above the sigmoid flexure, mild laxatives, as of rhubarb and soda, will be found beneficial. Rademacher calls this the antagonistic mode of treatment. He says positively, however, that cathartics can not be used with benefit except to overcome the constriction of the colon and remove its contents. In this form of dysentery he uses the Cubic Nitre (*Natrum Nitricum seu Cubicum*). In regard to this agent, I would refer to the appendix of the U. S. Dispensatory, last edition, page 1367, where Dr. Bache says of the Nitrate of Soda, "It has been praised as a remedy in dysentery by two German physicians, Drs. Velsen and Meyer, given in the quantity of from half an ounce to an ounce in the course of the day, dissolved in gum water or other mucilaginous liquid."

In respect to this matter I am constrained to say that it was Rademacher, and not the physicians mentioned above who introduced the Nitrate of Soda to the profession. By accident he found it to be of use in this disease in the year 1814. Dr. VonVelsen learned its value from Rademacher and gave it publicity in Horn's Archives in 1819, without any credit to Rademacher. Dr. Meyer learned its use from Velsen and published his views in the sixty-fourth volume, fourth part, of Hufeland's Journal. Both these physicians made use of it in epidemics where only the large intestines were involved.

Dr. Rademacher was an Eclectic in the true sense of the word, and was opposed by most of the old-school physicians, which was the reason why his name was not mentioned. But Dr. Rheinhold Koehler, who was strenuously opposed to the new school and an advocate of the extreme old-school practice, says, in his large Hand-Book on Special Therapeutics, page 30, " Rademacher has used for a long time the *Natrum Nitricuum*, which has since been recommended as a specific in that disease by Velsen, Meyer and Bonorden." Dr. Sobernheim states in his Materia Medica and Therapeutics, that Dr. Fahlmann of Dorpat treated in the epidemic of 1846, three hundred and fifty-five patients, and cured three hundred and twenty-four, losing only thirty-one, and he depended entirely on the cubic nitre.

In the milder form of this disease, I have succeeded with the *Tinctura Rhei aquosa*, or with the *Pulvis Rhei Compositæ* of the Am. Ec. Dispensatory, prepared in an infusion as follows: Take six drachms of the Compound Powder of Rhubarb, and infuse it for one hour in eight fluid ounces of boiling water; then filter through flannel, and give one table-spoonful of the liquid every hour. But this has sometimes failed with me, particularly in the severer forms of the disease, which I supposed was owing to the action of the rhubarb. Rhubarb, in the beginning of the disease is too stimulating and heating to be used while the pain in the abdomen, tenesmus and accompanying fever are increasing, but it may often be given with great benefit after the removal of the irritability of the intestines, and the subsidence of the febrile symptoms. I would here caution all to make *no* use of the drastic purgatives in these cases. Podophyllin in large doses, which has been recommended by some physicians, in this disease must prove very hurtful; and those who give it will find their patients materially injured by its use. My brother, T. C. Miller, is in the habit of using with the above named infusion of rhubarb the Nitrate of Soda, but I am not in favor of the combination, and would rather give the soda in gum water, and when the fever has subsided make use of the infusion of rhubarb.

Injections are highly important, and I use those made of the bark of the slippery elm, starch, or flax seed. As the addition of laudanum to the injection will often increase the pain and tenesmus through the action of the alcohol, I prefer some of the salts of morphia dissolved in water. The Nitrate of Silver, which is valuable in all cases of disease of the mucous membrane, is particularly serviceable in the first stage of dysentery. For children, according to their age, I dissolve from two to four grains in from one and a half to three fluid ounces of any mucilaginous decoction, and if need be, I add a few drops of a solution of morphia.

Dr. Emir, of Lahr, Germany, published, in 1851, in the *German Journal of Rational Medicine*, his success with injections of iodine, which he found a good remedy, both in recent and in long standing cases. In the former they cut the disease short, and in the latter they moderate the tenesmus and improve the appearance of what passes the bowels. His formula was:

R. Iodine,
Iodide of Potassium, āā., grs v.,
Water, fʒ ij. Mix.

He also used an emulsion of oil as an internal remedy. Injections are not always applicable unless the physician can give them himself, or is sure that his directions will be followed by the nurse.

In some forms of dysentery where the discharges have been very offensive and dark, I have found the pulverized charcoal combined with small doses of ipecacuanha and creamor tartar very beneficial.

In some instances by the mismanagement of the parents or otherwise, dysentery produces *prolapsus ani* in children, and I have used with great success, a formula introduced by Dr. Schwartz, as follows:

R. Aqueous Extr. Nux vomica, gr. j.,
Water (distilled), f℥ ij. Mix.

Of this, I give to small children two or three drops, and to larger ones from six to twelve drops at a dose.

Hyosciamus I consider far preferable to opium in dysentery, as it does not render the bowels constipated or the skin dry, or add to the fever. As a drink I recommend an infusion of slippery elm, or water in which the white of an egg has been beaten. The abdomen ought always to be covered with flannel from the outset of the disease.

THE USE OF RENNET IN DIABETES MELLITUS.

BY J. L. REYNOLDS, M. D.

Having treated some cases of Diabetes, the past summer, and haveing been successful in curing all of them by the use of *Rennet*, I thought I would give my views on the use of the above article.—The basis of the theory is, that, if rennet out of the body converts a solution of sugar into *Lactic acid*, it may possess a similar property within the body ; bearing in mind too, that lactic acid is found in the juice of the flesh, and according to Liebig, is a supporter of the respiratory process. I conceive, that if sugar formed in the body of a diabetic patient could be converted by the rennet into lactic acid, it would be burned in the lungs ; and that if a larger quantity was formed than could be consumed in that way, it would be excreted by the kidneys. In this I was not mistaken, for lactic acid was more than once detected in the urine of my first two patients. To say that rennet is an infallible remedy in every case of diabetes, would be overrating its virtues ; where this complaint is complicated with organic disease in any organ—the organic disease must be removed before we can look for a cure—it will at least in such cases ameliorate the symptoms, mitigate suffering, and tend to lengthen life the greatest *desiderata* short of an effectual cure.

I have been led from my own personal experience to classify diabetes under three heads. I am inclined to term the first, *Diabetes Gastricus ;* the second, *Diabetes Hepaticus ;* and the third, *Diabetes gastro-hepaticus ;* and have adopted such a division the more readily that it does not locate the disease in one special organ. In *Diabetes Gastricus* where the hydro-carbons come into play, and where it is uncomplicated, I believe the rennet treatment will be found eminently successful. I prepare the rennet in the following manner.

Take a stomach of a young calf, wash it gently so as not to injure the mucous membrane, and then salt it well and hang up to dry; after this I cut it in small pieces, macerate it in two pints of water four days then pour off the fluid and bottle; and to test its power a spoonful may be added to a pint of new milk, and if it curdles the milk it is fit for use. The dose thus prepared, is a table-spoonful from three to six times a day, about half an hour after each meal, and followed soon after by an alkali to neutralize the lactic acid formed. That which I use is the *Alkaline Tribasic Phosphate of Soda.* But the carbonate of potassa will answer very well, either alone or combined with Tincture of nux vomica, in five drop doses. The nervous system in these cases seems to be at fault, and the nux vomica serves as a stimulant and valuable tonic. In some of the cases treated I have further recommended the inhalation of Chlorine, from the power it possesses in destroying putrefaction, and arresting the fermenting process.

The complications of most frequent occurrence are first, *Phthisis*; next, *Dysentery;* and lastly, *Anasarca;* depending upon a remote disease of the kidneys. If we consider the slow and insidious approach of diabetes; and that it generally has a firm footing before the patient is alarmed into taking advice upon the increasing symptoms, and that for weeks, and even months, the true nature of the complaint may remain undetected even by the physician, we will not be surprised that it should require a considerable time to remove the disease. The shortest time in which I have found the sugar to disappear has been two weeks, and from that to nine months. The importance of air and exercise cannot be over-estimated, as they are indispensibly necessary to improve the general health of the patient. Attention to the functions of the skin is no less requisite; for which purpose the tepid bath, followed by friction, should be used, as also annointing the body with oil. The patient being usually melancholy and a prey to gloomy apprehensions, it is of great importance to gain his confidence, and if possible infuse hope into his desponding heart. In a word nothing should be left untried which might tend either to improve or invigorate the body, or restore serenity and hope to the mind.

Remarks. The above communication from Dr. Reynolds is the more welcome as it touches a disease that has engaged the attention and the pens of many of the best minds in the profession. Within the past twenty years nearly every medical periodical has contained articles in regard to it. Very many and diverse agents have been at different times, and by different physicians, used with greater or less success. The prominent symptom being the presence of sugar in the urine, most have supposed that the kidneys were primarily at fault. Hence diuretics, and other agents addressed to those organs, have been constantly prescribed, but as the idea was erroneous which led to their use, the results were by no means satisfactory. Others, on the supposition that the liver was the organ which manufactured the sugar, supposed it was owing to derangement of that viscus that an abnormal amount of it was present in the system, and have made use of blue mass, small doses of calomel, and other agents which they supposed would correct the difficulty.

More recently Liebig advanced the idea that the starch of the food was first converted into glucose, and thence into sugar, and hence many have attempted to cure diabetes by withholding from the food all articles of a starchy nature. As no sugar could be formed when no starch was taken into the system, that course of dietetics has been found greatly to diminish the amount of urine, and the quantity of sugar excreted. But exclusive use of animal diet has been found so injurious to the health of the patient that it could not be persisted in, and on resuming the amylaceous food the disease has always been found to recur. Acting on the *rational* principle which of late years has been more prevalent in the practice of medicine, the attempt has been made to convert the sugar which was formed out of the starch in the stomach into lactic acid before it left that organ. Acting on this principle Dr. Gray of Glasgow, some years since treated a case of at least twelve months standing, in which various medicines had been tried with but little benefit, and the dietetic treatment had given only partial relief. He gave the rennet as prepared for the dairy in doses of a teaspoonful three times a day, and the result was a speedy recovery of the patient. He afterwards treated two more cases with the same agent, and he spoke of his experience in those cases so favorable that Dr. H. Fernside, physician to the Preston Dispensary, was induced to make a trial of it on a lady who came under his care. Previous to which she had been under the use of some gentle aperients, the dilute mineral and hydrocyanic acids for some months; and her diet had been restricted to the use of butcher-meat, fish, eggs, milk, beans, bread, and an occasional use of fresh vegetables. Only a fortnight had elapsed after she commenced the use of the rennet before the patient was aware of its good effects. The digestion was improved, the thirst subsided, the skin was less hot and dry, and the quantity of urine passed in twenty-four hours fell from five quarts to two quarts, and the specific gravity was considerably lessened. The patient eventually recovered perfectly.

These cases having been made public, other physicians were induced to try rennet in the treatment of this disease, and within the last two or three years several practitioners have reported their success.

Dr. Poggaile made many experiments in regard to digestion, and the action of rennet and the alkalies on digestion, and he came to conclusions similar to those of others, that the *normal* use of sugar, whether formed from the starch of the food, or by the action of the liver, is the production of heat, by the formation of carbonic-acid.

Dr. Gray thinks that at times the stomach is at fault and that then the rennet will be found valuable; at other times the difficulty is with the liver, and then that organ should be set right; while at still other times he thinks both organs are diseased; and hence he was the first to make the three divisions adopted by Dr. Reynolds. His use of rennet in the first kind of diabetes is detailed alone by Dr. Reynolds, who has found the mode of preparing the rennet as well as the medicines used in combination with it of value in his cases.

Bondault of France prepares the pepsine he uses from the stomachs of the Sheep, which he opens, turns wrong side out, washes to free them from food, and then he carefully scrapes the mucous membrane off with a knife into a mortar where it is bruised with distilled water and allowed to digest for several hours, when it is filtered and the pepsine precipitated by the use of the neutral acetate of lead which forms the peptate of lead. The lead is then removed by the action of sulphhydric acid. The pepsine of the shops is almost always spurious.

OBSERVATIONS ON THE MODERN PLAN OF REDUCING DISLOCATIONS OF THE FEMUR.

BY PROF. A. JACKSON HOWE.

Within a few years the medical profession have been made acquainted, through periodicals and otherwise, with a method of reducing luxations of the hip joint, by which the displaced bone can be *directed* into its normal position without forcible extension and counter extension and a history of the process, together with additional remarks, may not be uninteresting, or unprofitable to the readers of this Journal.

Dr. N. R. Smith, of Baltimore, in the "*Surgical Memoirs of Dr. Nathan Smith*," his father, attempted to describe a manner of reducing dislocations of the hip by certain manipulations devoid of force, as taught by the senior Smith, while professor of Surgery in the medical department of Dartmouth College; yet he seems to have forgotten, or failed to demonstrate the plan pursued by his father, for there are now scattered through New England, a few old physicians, who still practice the reduction of dislocations as taught by Dr. Nathan Smith, and can give a more definite account of the plan than is described in the "Surgical Memoirs."

In 1833, after the publication of the "Memoirs" above referred to, Dr. Wooster Beach, in his "Treatise on Surgical Diseases," described a process of reducing dislocations of the femur, which differed entirely from the plan laid down by surgical writers, and consisted in replacing the bone without forcible extension and counter extension, and by following rules hereafter to be quoted.

More than a half century ago, several members of a family of uneducated medical practitioners in England, by the name of Wentworth, were in the habit of boasting of their skill in "bone setting," claiming to be born with genius in that department of surgery, and, therefore, possessed knowledge in the art which could not be acquired by other men. And it is said by those who are acquainted with their practice, that they did actually reduce dislocations of the hip and shoulder without using any considerable force, and that not applied in extension.

The Wentworths studiously kept to themselves their plan of operating, and no account of it was ever published. Undoubtedly it was by certain manipulations not essentially different from those practiced at the present day by the profession generally. Being aware of their incompetency in medical science, they preferred to keep secret the little knowledge they possessed in order to retain this meagre advantage over those who were in every other respect superior to them. Probably a similar feeling actuated the Chamberlains to keep as a secret in their family, a knowledge of the obstetric forcep invented by them.

While the Wentworths were empirically practicing "bone-setting" in England, a family of Sweets, belonging to Connecticut, were engaged in a like pursuit; and members of the latter family are still practising in an itinerant manner throughout this country, but principally in New England and New York. They boast of being "nat'ral born bone-setters." And often in the assembly of a pot-house or bar-room, they dislocate the hip of a dog or cat, and after leaving the bone out long enough to convince those present of the nature of the injury, they replace it by certain manœuvres, leaving the animal to run about as if nothing had happened to it. Their manipulations are easy and rapid, and indicate a proficiency that can be acquired only by extensive experience. The lookers-on are astonished, and readily believe in their boasted inborn skill.

On account of the secrecy with which they have kept this art to themselves, a tainted reputation has affixed itself to the name of the Sweets, as well as to that of the Wentworths and Chamberlains. And by a law as unvarying as that of gravitation, they must eventually sink into comparative oblivion; or only be remembered as examples of detested selfishness. It is a just retribution for those who from a sordid thirst for pelf and vulgar notoriety, will retain within their own hands, and endanger the loss of it with themselves, such knowledge as accident or genius has placed within their power. Knowledge that will benefit our fellow-men is the common property of humanity; and he possesses a venal spirit, who for selfish purposes will not promulgate a secret which the necessities of the unfortunate demand for the general good. And in whatever art, and under whatever guise such a spirit is manifested, it is by the common consent of all good men, branded indelibly with the disgrace that fixes upon the quack and the charlatan.

Although Dr. Nathan Smith taught a method of reducing dislocations by manual dexterity, and Dr. Beach gave a written description of the process, or one similar to it, their instructions were generally unheeded; and tartar emetic, venesection, and mechanical violence were continued by a large proportion of the medical profession for a series of years after a simpler and safer plan was pointed out. In years past such a degree of servility has been manifested by American physicians to follow foreign authors and teachers that indigenous ideas, however suggestive and practical, have been unnoticed, or smothered with imported rubbish. Even in some recent American works can be seen figured pulleys, straps, hooks and twisted ropes for reducing dislocations; appliances that were recommended by Cooper and others a half century ago, and they will be looked upon hereafter more as objects of curiosity and implements of torture than as the appliances of an enlightened profession, and the cruelties practiced with them will be associated with those of the old Spanish inquisitions.

It is a little surprising that some English surgeon did not take a hint from the successful practice of the Wentworths, and from it investigate the principle involved in their plan. But perhaps the spirit of the English profession was too arrogant, to receive suggestions from a bonesetter. Unfortunately for the world, good ideas too often are consigned to obscurity on account of their humble origin.

Dr. Nathan Smith, and Dr. Beach acknowledged that they became acquainted with the manipulating plan of reducing luxated femurs by following up the ideas that were suggested to them by the practice of the Sweets. The former made a practical test of the principle he conceived to be involved in the plan pursued by the Sweets, and gave to his students the result of investigations instigated by seeing one of them reduce a dislocation in a patient who had been under the racking influence of the pulleys and was not relieved. So great was the popular belief in the skill of the Sweets that they were summoned long distances to reduce a dislocated bone, and often arrived while mechanical means were being tried. Dr. Beach wrote his description of the modern plan of reducing a dislocated femur, after having seen one of the Sweets perform the operation. He deserves credit for the efforts he made to introduce to the profession that which was likely to prove of so much advantage when made known, and which was retained for selfish purposes by those who possessed the art.

The plan as described by Dr. Beach, is as follows: "Instead of its being performed by *extension and counter extension*, it is done by a *compound movement.* The patient must be placed upon a table, upon the floor or a bed, upon his back; then the practitioner seizes the dislocated leg, and flexes or bends it a little, taking hold principally of the knee with one hand and the ankle with the other. *After having very much flexed the leg upon the thigh*, for the purpose of constructing the leg into a lever, he carries it a little outward; in the next place the thigh is to be gradually *ab*ducted; and lastly, *the operator freely pushes the leg upward upon the pelvis*, *by the knee*, *toward the face*, inclining the knee a little to the opposite side," &c. I have tried this plan on the dead subject, but find it erroneous and deficient in a few particulars, and it is evident to any one familiar with the manipulations necessary to reduce a dislocated femur upon the living or dead subject, that Dr. Beach, when he wrote out his plan, was unpracticed in the art. But the information contained in his chapter on dislocations was sufficient to enable one of a little ingenuity to effect a reduction of the femur when it was thrown upon the dorsum of the illium or into the thyroid foramen. And undoubtedly many who followed his description as a general guide, found the plan to be a successful one.

In 1841, M. Colombat, published in the French journals an account of a discovery he claims to have made in reducing dislocations occurring in orbicular joints. It will be perceived that his dicovery was eight years after the publication of Dr. Beach's surgical work.

The method of Colombat is thus described: "In place of practicing graduated extension by any mechanical force, all the muscles surrounding the joint are placed in an intermediate state between flexion and extension, so that they may be in the greatest possible state of relaxation; they are then to be taken by surprise by suddenly rotating the limb, a manœuvre which infallibly replaces the head of the displaced bone." This is his general description for reducing luxated bones. To reduce a displaced hip, the following method is adopted: "The patient is placed erect, the weight of the body being supported upon the sound limb; the trunk is then flexed, so that the thorax rests upon a bed or table corresponding to the height of the pelvis, and the patient grasps with his hands the opposite edge of the bed or table with the view of fixing the trunk.

"The surgeon stands behind the patient, on the inner side of the affected limb if the displacement is anterior to the cotyloid cavity, external to the limb, if the case be one of posterior dislocation; the dorsum of the foot is grasped with one hand, and the leg is bent on the thigh; while with the other hand placed in the popliteal region, moderate presure from above downward is exerted, so as to put the muscles instantly on the stretch. The limb is at the same time directed somewhat from within outward, and from behind forward, in order to dislodge the head of the femur from its new situation, and render it moveable.

"The surgeon now promptly communicates to the thigh an orbicular motion, rotating it circularly from within outward, or from without inward, according as motion in one or the other direction may be more conveniently effected, and the head of the bone re-enters its articulation with a snap. By this process the head of the femur is replaced in the cotyloid cavity, which becomes the centre of the motion of circumduction."

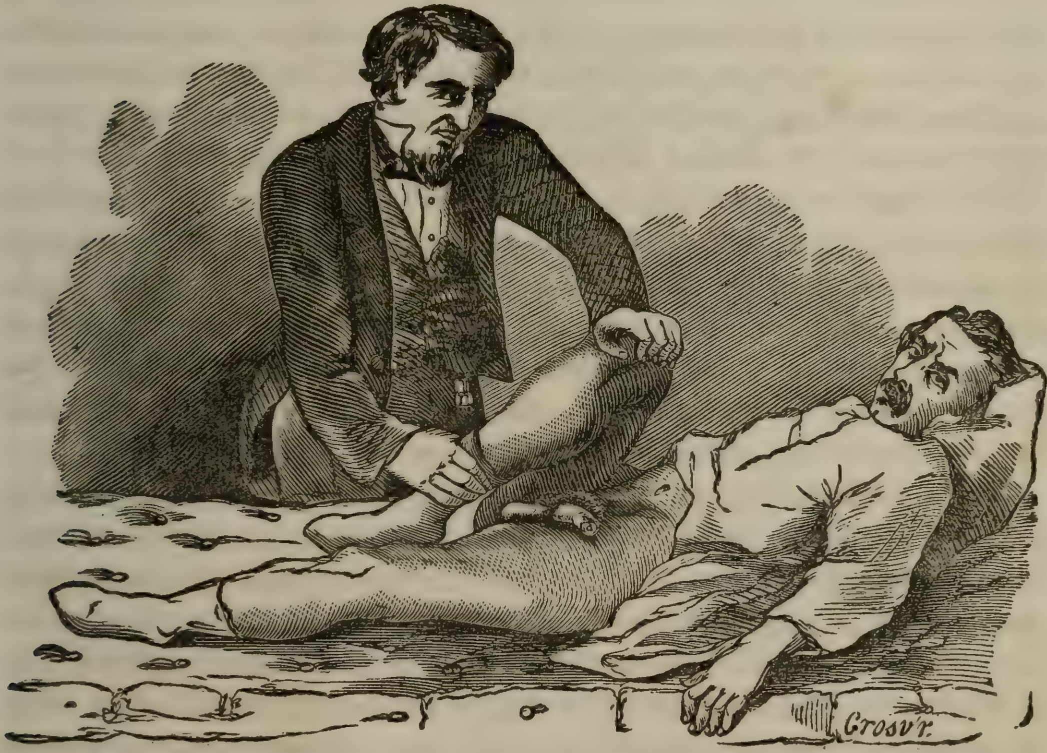
The principle involved in reduction of the dislocated bones seems to have been well understood by Colombat, viz: the placing of the limb in a position the most favorable to the relaxation of all the muscles implicated in the injury before adjusting the bone.

In 1844, Dr. Cartwright, of New Orleans, called the attention of the Medical profession, through the columns of the *N. O. Med. and Surg. Journal*, to a manner of reducing dislocations, differing from that generally recommended in surgical works.

In 1849, Fischer, of Cologne, published an account of *his* method of reducing dislocations of the femur, by a manipulating process. His plan is so nearly like that of Colombat, that undoubtedly he had seen some account of it; especially as six or eight years had elapsed since Colombat had given publicity to his discovery, and during that time several European journalists had discussed the merits of it.

In 1842, Professor Williams, of Dublin, occupied the attention of the Surgical Society of that city, by reporting several cases of hip dislocation, successfully treated by the method discovered by Colombat, and made some observations upon the process.

And in 1850, Dr. Reid, of Rochester, N. Y., *discovered over again* the oft discovered process. Whether up to that time he had remained ignorant of all that had been said and written about the "new" method of reducing dislocated bones, is of little consequence except as it has a bearing on the merit that belongs to an original discoverer. The plan of Colombat, with the observations of Prof. Williams appeared in *Braithwaite's Retrospect* as early as 1842, a periodical that is extensively read in the United States. If Dr. Reid had not seen it, nor any of the other publications referred to above, then he is a discoverer, and must certainly possess genius.



The above cut from nature, represents the manner in which the surgeon grasps the limb of the patient.—Also the flexion and adduction of the limb to relax the muscles before it is rotated outwards to present the head of the bone to the rent in the capsular ligament, a point where it cannot fail to pass into articulation.

Some journalists have ascribed to Dr. Reid the credit of priority in this discovery, and have linked his name with it, calling it "Reid's plan" of reducing dislocations. Others have called attention to the subject, and given credit to whom it belongs. The first to show that the claims of Dr. Reid to the discovery were not well founded, was Prof. L. C. Dolley, in the *Eclectic Journal of Medicine* for January and August, 1855. Dr. Reid is entitled to much praise for the clear and forcible manner in which he made known the results of his investigations.

His ideas are presented by him with more definiteness than those of any previous writer upon the subject.

The principle involved in reducing a dislocated femur according to the directions of Reid does not differ from that in Colombat's plan. Reid considers the difficulties to be overcome in reducing the bone, to exist in the undue extension of certain muscles, whose tension is complicated with the injury.

Although a brief of his plan of reduction was presented in the first volume of this Journal, it is to be hoped that a second insertion may be pardoned, inasmuch as it may here be compared with that of Colombat.

Reid's plan: "Place the patient on his back, on a low firm table, the floor or ground is better; let the operator stand or kneel on the injured side, and seize the ankle with one hand and the knee with the other; then flex the leg on the thigh; next strongly adduct it, carrying it over the sound one, and at the same time, upward over the pelvis by a kind of semicircular sweep, as high as the umbilicus; then abduct the knee gently; turn the toes outward, the heel inward, and the foot across the opposite and sound limb, making gentle oscillations of the thigh, when the head of the bone will slip into its socket with a slight jerk and an audible snap, and the whole limb will slide easily down into its natural position beside the other. In a recent case the whole operation can be accomplished in less time than it can be described."

It is to be borne in mind that this description is intended for a dislocation of the femur upon the dorsum ilii, and is only adapted to it and the reduction of the bone when its head is carried back into the ischiatic notch, yet the principle involved is the same in treating other varieties. While I would recommend the plan to be followed in practice, as laid down by Reid, his theory in regard to the difficulties to be overcome, is in my opinion imperfect. Although the *extension* of certain muscles acts as an obstacle to ready reduction, the capsular ligament offers as great, if not greater resistance to the return of the displaced bone. Nor do I consider with Dr. Gunn, that the "*untorn portion of the capsular ligament*" is the only barrier to a spontaneous reduction. Experiments upon the dead subject after the muscles about the hip joint have been dissected but not removed, and the head of the femur has been forced out of the ascetabulum, through a rent in the capsular ligament, make the condition of the several tissues involved in the displacement, easily understood. The *rotator* muscles of the thigh are put greatly upon the stretch when the head of the femur is thrown upon the dorsum illii, and they hold the bone in a peculiar adducted inverted position, with the head of the bone lying behind the projecting border of the ascetabular cavity. Those muscles hold the bone in the abnormal position, and during an attempt at reduction the limb must be moved in such a manner as to accommodate their tension, as well as to present the head of the bone to the rent in the ligament, and relieve the tension that the position of the bone makes upon the untorn portion of the unyielding tissue. In a word, if the capsular ligament be entirely cut around, the abnormally stretched rotator muscles seem to hold the bone displaced, and if the muscles be cut away, the untorn portion of the ligament is instrumental in holding the bone displaced, and opposes its return, unless it be relaxed by a peculiar movement of the limb.

Unless attention be paid to the ligament in attempts at reduction after dislocation, occasionally a serious difficulty will arise. The ease with which one dislocation of the femur may be converted into another variety, is worthy of note; for, if from any cause the head of the bone is thrown into the thyroid foramen, and other force is then so applied as to convert the dislocation into one upon the dorsum of the illium, it can not be reduced by the method described by Reid; but the head of the bone must be restored to the thyroid foramen, or to a point of the capsular ligament where it escaped. A case of this kind once came under my observation, and it was a source of considerable perplexity to the operator; and it was only after the patient was put under the influence of an anæsthetic that the reduction was accomplished; which was done by carrying the knee *above the umbilicus*, after the leg had been flexed upon the thigh, and the thigh upon the pelvis; and making rotation there while pressure was applied to the limb downward. This manœuvre reconverted the luxation into the thyroid variety, which was then reduced by carrying the limb in a flexed condition across its fellow, and then rotating it outward while bringing it into a state of *extension*, when the head of the bone without falling into the thyroid foramen, passed into the acetabulum.

In a displacement of the head of the femur upon the pubes, it has first been forced downward as if going into the thyroid foramen, when a change of direction in the force carries it upward. In the reduction the limb is to be partially flexed, then *rotated outward* in order to bring the head of the bone at a point it occupied when it escaped.

In treating every variety of dislocation in the hip, it is best to place the patient under the influence of an anæsthetic, unless the condition of the patient absolutely forbids it. All pain is thus avoided, and the process of reduction is easier after the muscular system is well relaxed by its influence.

The luxation of the femur upon the dorsum ilii is so much more frequent than the other varieties occurring at the hip joint, that the rules for the reduction as quoted above from Reid, should be made familiar. The luxation into the ischiatic notch needs no different directions, and the other two forms, upon the pubes, and into the thyroid foramen, are to be treated nearly alike. The operation has been described above, and consists in carrying the limb *outward* while being flexed, and lastly, as the bone is going into its place, *over across its fellow.* No operation in surgery is simpler than the reduction of a dislocated femur when treated by the manipulating plan, especially if the patient be previously put under the influence of an anaesthetic agent.

PNEUMONIA.

BY T. C. MILLER, M. D.

Pneumonia, or inflammation of the substance of the lung, its parenchymatous and cellular tissue, is one of the diseases which are frequent in winter and spring.

The great majority of the old-school writers have recommended, and their followers have adopted a routine mode of treatment in accordance with the *orthodox* plan, and have bled, cupped, tartarized, mercurialized, blistered and poulticed their patients, with no benefit, but leaving the greater part with broken down constitutions.

Many of them speak slightingly of Louis because, they say, he underrated venesection, and praise Bouillaud and his system of bleeding dash upon dash, ("*saignes coup sur coup*"). Some have recommended Laennec's plan of treating pneumonia with tartarized antimony in frequent and full doses, regardless of the depression of the system and the gastro-intestinal irritation which it produces.

But not all have followed these would-be leaders. In the work published by Joseph Dietl, of Austria, in 1848 entitled " Venesection in Inflammation of the Lungs," he says it has been clinically, as well as physiologically proved that bleeding is *contra-indicated*—that it is never indicated in this disease. In its stead he recommends the use of water as a drink, either fresh, cool, tepid, with mucilage, oil or emulsion, according to circumstances.

The new school at Vienna speaks with proper scorn of the treatment by venesection of this disease, and also rejects most of the agents recommended, on the ground that pneumonia is a disease of great depression to the vital force, and that these agents must hinder recovery.—Those having charge of that hospital, seeing the harm produced by the old-school remedies, have, as I think, gone to the other extreme of the *expectant* method; and hence, in most cases, they give for inflammation of the lungs, only the decoction of althæa, with a spare diet and mucilaginous drinks.

The opposition to the *heroic* treatment of this disease is on the increase, and the opposition to venesection will triumph against *authority* and the stale cry of "quackery." Within the memory of many, no one would dare to omit the use of blood-letting in pneumonia, pleurisy, and most other inflammations, for fear of incurring the reproach of being called an "irregular," a Thomsonian, or a "quack;" but within a few years the practice upheld by Dr. Rush, Dr. Brown, and the schools at Philadelphia, and their "blood-thirsty" followers, is falling into merited contempt. Dr. Badely of London, in the course of the Lumlian lectures, spoke of Dr. Rush, and what he called the American practice of bleeding as peculiarly blood-thirsty; and said many hard but merited things against it. Dr. Flint, as has been already stated in the College Journal, has given the aid of the *Buffalo Medical Journal* in putting a stop to the murderous practice; and Dr. John McCall, of Utica, in the address of 1855, before the New York State Medical Society, said, "It is now just fourteen years this month since I have bled a patient in the arm, or extracted blood in any way, except in a few cases by cupping and leeching. The good people of Utica have no blood to loose, except in the service of their country."

But in pneumonia the inflamed lungs are sore and their substance easily injured, and hence there must be adopted some methods of lessening the force of the heart and the activity of the pulmonary circulation. For this reason, Aran has of late prescribed *veratria* in his treatment of pneumonia and rheumatism. He used this agent in those diseases, mainly, because he found it had a direct tendency to lessen the force of the heart and the frequency of the pulse; but it also has the power of breaking down, and removing from the system, the *products* of inflammation.

The observations of other eminent German authors, as Von Prag and Leubucher, have established that veratria is a sedative to the heart and arteries, but it never acts as a stimulant to the nerves of those organs. But many can not endure this agent in pneumonia, as it also acts as a sedative to the nerves which are distributed upon the stomach, producing nausea and vomiting, and the mechanical motion of the diaphragm and the walls of the thorax in the act of vomiting may cause irreparable injury to the inflamed and tender lungs.

It was found, also, that veratria would produce such excessive reduction of the pulse, and general depression of the strength as to be very dangerous, and that stimulants must be frequently resorted to, to counteract the excessive sedation.

Trosseau, as is well known, recommended veratria in acute rheumatism, and as many have supposed the *veratrum viride* of this country, and the *veratrum album* of Europe were almost, if not absolutely identical, they have, therefore used the tincture of veratrum viride in its place; and when the tincture could not be procured, they have used veratria. But the similarity of name, or similarity in appearance of the plant, as in this and in many other cases, is no guide, as the medicinal effect of the one is very different from that of the other. It has often occurred in the practice of medicine that such mistakes have been made, but never without danger.

It has been supposed that the sedative influence of the veratrum viride, as well as of other agents, depends upon the nausea produced by it, but this is a mistake, as the investigations of Mr. Worthington, Drs. Osgood, Ware, Norwood and others, as well as my own testing of its physiological and therapeutical powers, have agreed. The tincture veratrum viride is an excellent remedy, but should not be given to the extent of producing nausea. I have used it extensively, both as made for Dr. Norwood and myself, and find I can make it far cheaper than I can buy it. I make it as follows:

I take one half a pound of the pulverized root of the veratrum viride, and one pint and a half of ninety-five per cent. alcohol, and put them together and let them macerate for fourteen days, and filter. I give of this from *five* to *ten* drops at a time, several times a day according to the demand. So far as my observation has extended, it does not immediately put a stop to the disease, as many have stated.

Before I had used the veratrum viride, I had often used the tincture of aconite root, and with results similar to those produced by the veratrum. My formula was:

℞. Tinct. Aconit. nap. rad. gtt. iv,
Aqua font. f℥ iv,
Syrup, f℥ j. Mix.

Dose; one table-spoonful every two or three hours.

From the smallness of the dose of the tincture of aconite root which I prescribe it may be thought that I am a follower of Hahnemann, and belong to the Homœopathic school, and to undeceive such I will state that I was taught the use of aconite in these doses in this disease, by Werber, a physician of eminence in the old-school ranks, who treated pneumonia by saltpetre, and aconite, and antimony very successfully. I adopted his plan, omitting the antimony, and substituting sponging the surface with cold water several times a day, which has been praised so highly by Hildebrand. As illustrative of the treatment which I adopt, I append the notes of two cases treated by me last March:

Case 1.—Miss B. W., aged 18 years. She had been confined to her bed four days when I first saw her. The pneumonia was confined mainly to the lower lobes of the right lung. She had high fever, great pain across her chest, with difficult and oppressed breathing, headace and pain in the back and limbs. The cough was very dry, without any expectoration. The pulse was 110, full and irregular. Her bowels were regular. She feels best when sitting propped up in bed.

I learned that she had been exposed a few days prior to the attack, in very cold and wet weather. I placed her first in warm water which was saturated with salt, for thirty minutes, and gave her one drachm of the comp. tinct. of serpentaria of the Am. Ec. Dispensatory. Four hours afterward I gave five drops of the tincture of veratrum viride every three hours, increasing one drop the next dose, and then two drops each dose, until ten drops were given at a dose. As soon as the pulse was reduced and tne fever abated, I ordered that the dose of the tincture should be gradually lessened until there were but five drops in a dose, as at first.

The next day I found my patient very much improved, but there was a little fever, and some headache, and the bowels were sluggish, I ordered:

℞. Juglandin, grs. iij.

To be given at a dose. And as the cough was much the same as before, I ordered, once a day, a powder, as follows:

R. Opium pulv.,
Ipecacuanha, āā gr. ss. Mix.

On my third visit I found my patient sitting up, and entirely relieved of the disease.

From the commencement, her drink was a strong emulsion of slippery elm bark, which is the only drink I advise in this disease.

Case II.—Mr. G. R., aged twenty-five years. I found the lower lobes of both lungs affected, but that of the right lung more affected than the left. There was a dull and oppressive pain over the whole of the chest, which was not increased by inspiration. The inspiration was short and irregular, with a sense of constriction across the chest, and a heaviness in the precordia. He can not lie on his back, the cough is short, frequent, but does not increase the pain; the sputa is saffron colored and mixed with blood; the pulse is 125, full and hard; there is high fever, which is intermitting; the tongue is of a dark yellow; there is irritability of the stomach, and the bowels are constipated. I ordered the following:

R. Nitrate of Soda, ℥ ss,
Calcined Magnesia, ℥ j,
Water, f℥ xvj. Mix.

Dose: one table-spoonful every hour.

The nitrate of Soda, or cubic nitre, is formed by treating the carbonate of soda with nitric acid. The nitrate as imported from Chili and Peru is in a crude state, and unfit to be used as a medicine. It is a great deal milder than the nitrate of potassa, or saltpetre, and is useful in all inflammatory diseases. When there is dryness, acidity, or irritation of the stomach, we combine it with magnesia. When there is diarrhœa we give an infusion of the compound powder of rhubarb.

On my second visit I found the patient much better. His bowels were regular. The pulse was only ninety, but there was still some fever, but without any headache. I gave:

R. Nitrate of Soda, ʒ iv,
Arabic gum, ℥ j,
Water. f ℥ xvj. Mix.

Dose: one table-spoonful each hour.

On my third visit I found the patient free from fever, the pulse normal, the appetite good, but with a troublesome cough, and no expectoration. I ordered:

R. Camphor, grs. ij,
Benzoic Acid, grs. iv,
Opium, gr. j,
Sugar, white, grs. x.

Pulverize, mix, divide into eight papers, and give one dose each hour.

His brother informed me that the patient was entirely free from the disease three days after.

In cases where the inflammation of the lung was far advanced, and the oppression of the chest was very great, I ordered the patient every hour to inhale a weak vapor of Chloroform for a few minutes, as has been recommended by two German physicians, Baumgartner and Varrentrapp, and I have found the inhalation to produce much relief in a short time.

MERCURIAL SALIVATION.

BY J. B. ALFORD, M. D.

On the 25th of October, I was called to see a person suffering from profuse salivation. He had been working the week previous in water, and had taken a severe cold which produced profuse salivation with that peculiar fetor which attends the action of mercury upon the salivary glands. The skin was hot and dry; the pulse beat 132 in a minute; the respirations were 28 to the minute; there was a diarrhœa which caused a stool every half hour; the urine was scanty, and very highly colored.

The patient had been sick for nearly a week, but had taken no medicine except a little vegetable infusion, nor been visited by a physician for fifteen years.

The testimony of the family accorded with the above statement of the patient, and I have no reason to doubt its accuracy.

That the salivation was of a mercurial origin, I have no doubt, as the fetor was peculiarly characteristic; and the question arises in regard to the source of the mercury. Fifteen years previously the patient had scarlet fever, with swelling of the glands of the neck, and sore throat, and he supposed he took mercury then which produced its characteristic disease, but from that time forward he had been entirely well.

Authority would warrant the conclusion that the metal had lain dormant in the system. Watson in his Practice of Physic says, "I think there *may* come salivation from mercurials that have remained in the system for years;" but he thinks the probabilities of such a result very doubtful.

Without multiplying the *doubts* in the case, I would be pleased to have others let us know if they have any testimony of a *positive* character—anything upon which we can rely without any doubt or uncertainty.

Note.—While all will hail with gladness any information of that positive and indisputable character which will admit of no doubt or denial, I am sure that testimony of less positiveness will also be received according to its value. One of the ways of testing and deciding as to the *cause* of a disease is to know what produced a *cure*, which unfortunately has not been furnished in the history of the case of Dr. Alford.

On the supposition that the ptyalism was of mercurial origin, the treatment demanded would be such as would relieve the jaw and throat of that condition which produced the soreness, swelling and salivation and at the same time should remove the mercury from the system.

The same means which would be resorted to in *recent* mercurial salivation would be indicated. Melsens instituted many investigations, from which he inferred that the iodide of potassium has the power of uniting with mercury, and by means of double decompositions and reconstructions, forming the soluble iodo-hydragyrate of potassium. In order to produce this change it is necessary to administer a considerable amount, as to form that salt there must be to each equivalent of the iodide of mercury two equivalents of the iodide of potassium. The iodo-hydragyrate of potassium thus formed is quite easily dissolved in the fluids of the system, and in solution is washed through the kidneys.

Dr. William Budd speaks of the iodide of potassium as *the* agent to remove mercury from the system; and Dr. Corson recorded several cases in his practice, where the iodide of potassium had proved a speedy and sure antidote to that metal.

Dr. Melsens thinks that other alkaline, earthy, or metallic iodides will answer a similar purpose; and also proposes the use of the bromides and chlorides, but gives no *proof* that his conjecture is correct. Without any doubt, Herpen and Blach were correct when in speaking of mercurial sore-mouth, they said, "Chlorate of Potash fulfils all the indications present in one of those cases, and has been found to effect cures with marvelous certainty and rapidity." Its effects are equally sure upon adults as upon children. The dose is from 15 to 30 grains, dissolved in a solution of gum acacia and water, or some other vehicle of a similar description. The whole quantity is taken in the space of twenty-four hours if the urgency of the case demands it. The dose for children is, of course, smaller.

The mode in which this acts is by chemically combining with the metal, in a manner similar to that described in the union of the iodide of potassium with the poison, and addition to uniting with the mercury and removing that from the system, it also unites with and dissolves the dead atoms of the tissues which the mercury or the disease have destroyed, and frees the system of *their* presence, also.

Hence it has been used in Scarlet fever by Dr. Carpenter and others, both as an internal and a local remedy, and by many in all forms of putrefactive disease, whether local or general. And hence, also, it has been found of peculiar value, properly diluted with water, as a mouth-wash in mercurial salivation and nursing sore-mouth.

But many other things have been used in mercurial salivation as mouth-washes, and if they are of a *preservative* nature, like alcohol, lemon juice or vinegar, or if they are astringents, like vinegar or the vegetable infusions which contain tannic acids, or if they are sedatives, like the preparations of opium, they must serve to preserve the parts from further destruction, or lessen the secretions, or allay the pain, according to the power that resides in them. C.

ADULTERATION OF MEDICINES.

BY JAMES CROOKS, M. D.

Some time since I discovered in the purchase of drugs to use in my practice, a few articles which were grossly adulterated, and as I have not seen anything written on the subject, I deem it my duty to lay this brief article before the readers of this Journal.

The articles which I have most particularly noticed were the nitrate of potassa, opium and cubebs. Four-fifths of all the nitre that is offered for sale here, and in use, is largely adulterated. I have examined several lots, and with but a few exceptions, they were adulterated. Those that I found not to be, the nitre was in large lumps and when it was adulterated it was partially broken up, and contained rock salt. About one-fourth the bulk was salt. Persons buying drugs should be particularly careful what they buy. Not only the druggist, but the physician should be wide awake; if they are not they are liable to be imposed upon.

The druggist of whom I purchased the first nitrate of potassa informed me that he had sold several hundred pounds, that he had not discovered the fraud, nor had he heard any complaint about the article. This was owing to carelessness in the purchase, for with a little pains any one could discover the counterfeit. My idea of the cause of the adulteration was that it was done by persons who had large quantities.

The opium, of which I have a sample, was nicely adulterated by the addition of metallic lead, not adding much to its virtues, but greatly to its weight. The lead was nicely worked into it after being cut up into small fragments. Cutting into and scraping it will bring to view the shining lead. Of the cubebs, of which I have a sample, about every sixth grain is black pepper.

When I think of the imposition that is practiced on suffering humanity I am struck with horror to know that there is a portion of mankind who have so little thought as to mar the health of their fellow beings for a little pecuniary gain. Persons guilty of such an act should be looked upon as traitors to mankind and worse than the individual who would steal his neighbor's horse; for not only the patient suffers in health, but the practitioner suffers in his reputation. While he thinks that he is dealing out the healing balm he may be giving something worthless or aggravating to the disaase.

Note.—Every person acquainted with the trade in drugs and medicines is aware that not only are manufactured articles different from what they purport to be, but the more crude and comparatively cheap drugs are *mixed* or otherwise rendered unfit for use as medicines. The practice of sophistication had obtained to that extent in the drug and medicine trade, that some years since the attention of the profession throughout the land was aroused, until Dr. T. O. Edwards of this city, who was then a Representative in Congress, obtained the passage of a law by which inspectors of drugs and medicines were appointed at the principal ports of entry. The one who inspected the imports at the port of New York, found so many articles which he rejected on account of impurity that the regular trade was greatly affected by his action.

In a recent communication to the American Pharmaceutical Association, Dr. Bailey says that he hopes at no distant day, to give a complete report of the working of that law at New York.

From the passage of the law referred to, there has been less of *foreign* impure articles in the market than formerly, but instead of importing adulterated articles, we find the dealers have imported those who could *practice and teach* adulterations, until it requires rare discrimination and constant watchfulness and care on the part of the profession in order to avoid imposition.

In the crude articles, as those mentioned by Dr. Crooks, the imposition, although almost universal, is comparatively easily detected, and one would be led to doubt whether the carelessness of the physician, or the rascality of the dealer, was worthy of the severer censure. But many more covert methods are resorted to, by both the wholesale and the retail dealer, and the list of articles is astonishingly long, which seldom, if ever, are found in the market in a pure state.

With many, the introduction of the various modes of sophistication is a matter of every-day business, and practiced as a matter of course, as the baker puts potatoes or alum in his bread, the milk-man puts chalk and water in his milk, or the wine merchant makes his choice champagne with cheap whisky, burned sugar, rotting raisins, and other well-known ingredients.

The only course is for the purchaser to *know* the pure article from the impure, or to employ some one who does, and then exercise the same watchfulness and care he does to detect a pewter dime, or a counterfeit or broken bank-bill. If this caution and care is not exercised the patient may loose his life or health, and the loss of reputation on the part of the physician is the just punishment for his want of knowledge and cautious oversight. A small work, by C. H. Pierce, M. D., on Examinations of Drugs, Medicines, Chemicals, &c., as to their Purity and Adulterations, which was published by him four years ago while he was Examiner of Medicines, at the port of Boston, will be found of as much value to the physician as the Counterfeit Note Detector is to the one who deals in money. C.

DISCOVERY OF PODOPHYLLIN, &c.

BY J. KING, M. D.

I have been frequently asked the question, if I was the discoverer of podophyllin and some of the other resinoids? and as there has occasionally been considerable feeling manifested with the inquiry, I have deemed it better to make a reply through the columns of the Journal.

Resin is a constituent of many plants, and there is no doubt, from the records which have been handed down to the present age, that the ancient Greeks and Romans were cognizant of this fact. But, whether they were acquainted with the resin of podophyllin I can not say. There is no doubt that the existence of resin in the root of this plant was known to chemists and botanists many years ago, probably, before I was born, from the fact that in speaking of its known constituents they mention *resin* as one. I had paid no attention whatever to the resinous principles of plants until in 1835, when my attention was first called to them by Prof. Wm. Tully, now of Springfield, Mass., who gave me some information concerning several plants, but especially of the Cimicifuga racemosa. I prepared some of this and used it in practice. The resin of podophyllum was accidentally discovered by me about the same time, while endeavoring to prepare a hydro-alcoholic extract of the root; and at that time I was not aware that it or the mode of obtaining it was known; but my first introduction to its therapeutical action having been of a serious character, I was obliged to examine several works in order to learn something more about its action upon the system, but could find nothing to enlighten me upon this point. As late as the fourth edition of the United States Dispensatory, published in 1839, I find on page 528, the following concerning a principle found in mandrake root by Mr. Hodgson, Jun.—"should it be found to be the purgative principle of the plant, it would be entitled to the name of *podophyllin*." So that up to 1839, about four years after my discovery of the active powers of the resin of podophyllum, it would appear that the purgative principle of the plant was not known to the profession. In 1844 I published some remarks concerning this resin and some others, but no notice was taken of them by the profession, when in 1846 I again called attention to them, in the Western Medical Reformer, after which, Mr. W. S. Merrell prepared some, which was carefully tested by the late Prof. T. V. Morrow, and some of his associates, and to Mr. Merrell justly belongs the credit of having first prepared it for the profession, notwithstanding what may be said by other parties.

A few years after my knowledge of podophyllum resin, I read a method of obtaining resins upon a plan similar to the one at present pursued, which if I am not mistaken was published in an early edition of Coxe's Dispensatory. But the fact that this resin was known before I was in existence, or that the method of obtaining it was also known, does not prove that its therapeutical powers were likewise known. I claim only the credit of introducing it to the profession as an active remedial agent and until some one can show an earlier notice of its therapeutical powers than July 1844, I shall continue to maintain my claim. I have no feeling in the matter, it is a subject of indifference to me whether I was anticipated by another or not, although there appear to be some who by their actions and assertions manifest much sensitiveness on this point. If another has preceded me in my claims, I shall be proud to acknowledge it and credit him with it, instead of endeavoring to abuse and misrepresent him; for be it as it may, it will not add to nor diminish the weight of my pockets financially considered, my peace of my mind, nor my prospects for future happiness; nor do I think it will tend in the least to interfere with the yearly revolution of the earth around the sun.

Let us for a moment examine some other claims of a similar character: Ergot has been known for centuries, and had for a long time been used by midwives and others, but the credit of introducing it to the profession, belongs to Dr. John Stearns, of Saratoga Co., N. Y. Lupulin, the powder of hops, had also been known for centuries, but to Dr. Ives of New York belongs the credit of its professional introduction. Iodine was discovered by Courtois, but Coindet introduced it as a medicine.—Ether had long been known as a remedial agent, but Dr. Jackson or Morton have the credit of introducing it as an anæsthetic. Cod-liver oil had long been used in popular practice, and was introduced to the profession, in England, by Percival. Silver had long been known, and the nitrate has been used for some years, but M. Serre introduced other preparations of this metal as remedies. Gold had been known from the earliest ages, and was undoubtedly used medicinally, but the credit of introducing it to the profession belongs to M. Chrestien and so of many other agents. Soft soap has undoubtedly been known for centuries, but as a remedy in itch it was introduced by Pfeuffer; and possibly it might be found very efficacious for those who have such powerful itchings for claims to which they are not entitled, or for tearing down claims which they are struggling uselessly to settle upon themselves.

I have received several letters concerning Keith & Co's preparations, in reply to which I will say I have not used them for the last two or three years, and consequently know nothing about them. Shortly after my publication concerning the adulterations found in the preparations of this firm, I saw Dr. Keith, and was informed by him that such adulterations were not authorized by him, nor was he aware of their existence until my article called his attention to it. He also stated that it should not be the case again: since which, however, I have not even seen them. Should they prove to be pure and reliable preparations, the profession may rest assured that I would more cheerfully announce the fact, than to state differently, as I have no personal feelings towards this firm, and have a strong desire to know that their articles are just what they should be.

SIMPLICITY IN PRACTICE.

BY DR. H. E. POPE.

Among the numerous things worthy the attention of medical reformers, there is none of greater importance than that of simplicity in practice; and it is a fact worthy the careful consideration of every member of the profession, that the most successful practitioners are those who have adopted the simplest course.

I am aware that a feeling exists among many, that unless their treatment is complex, they will be considered unscientific, and less able to cope with disease than their neighbors. We find such, making use of high sounding phrases at the bedside of the sick, better suited for the lecture room than the sick chamber—and writing prescriptions that serve to show a better knowledge of the materia medica than of therapeutics. Such things should not exist at the present day—they belong to the past; let "old physic" enjoy them; better things are expected of the "new."

My attention has been called to this subject from reading reported cases in various journals asking advice, when, as it seems to me, the practitioners have complicated their cases by over medication. One is led to suppose that those physicians had the control of a drug store, and were exercising their skill at compounding. This should not be, for it is very apt to result to the injury of the physician. It is not to be supposed that all physicians have a sufficient knowledge of medicine to be able to judge correctly of all articles that are compatible. Great caution should be used in making up complex prescriptions. There are but few articles which do not change their qualities by being combined with others—producing a result differing entirely from the original; and will often fail to meet the intentions of the physician. I have long been satisfied that a complex system of practice is the prominent cause of a want of success with many—for there is less certainty of producing a desired effect from a complex prescription, than from a simple one. This is the uniform testimony of all who have made the test.

A physician in a neighboring state, being called upon to prescribe for chills and fever, wrote a prescription for that purpose, and upon examination there was found to be thirty-two ingredients in it. There was not that number of names, but the several *compounds* served to make up the list. The physician was of the class spoken of. His object seemed to be to excite the astonishment of the patient by a display of medical knowledge, and pocket a large fee. Was it scientific? About as much so as was the Thomsonian doctor, who, on arriving at the patient's house emptied upon the floor the contents of a meal bag in which he carried his stock in trade, consisting of roots and herbs, saying, "he should think there ought to to be something among the lot to suit the case," and then commenced picking up a handful of this, and of that, until there was enough to fill a small kettle, when he ordered them to be steeped, and certain doses to be given. One was about as scientific as the other; the only difference is that one was an "irregular," the other a "regular."

That simplicity in treatment is not unscientific will soon be made clear to those who pursue a different course. The teachings heretofore, both in colleges and books, have been of the complex class, and it is easy to go to them for reference or examples. This course is too generally pursued, and is the cause of so many unskilful physicians. They depend more upon their books than upon "sound sense." While, if they attempt the simple treatment, they will have to rely upon their own reason and judgment. This will teach them to carefully observe the various symptoms occurring in each separate case, and note the specific action of every remedy used. To accomplish this it will require a greater amount of scientific knowledge than to follow the paths trodden by others.

That I am correct in my conclusions, and not alone in this opinion, let me introduce the testimony of an eminent physician of the East, now deceased. It was during a private conversation on the treatment of disease a few years previous to his death by the Norwalk disaster. "I have," said he, "almost entirely changed my principles of practice. After the experience of nearly forty years, I have, to a great extent, abandoned the use of medicine in the treatment of disease. The quantity I now use is not half as great as it was, and of that quantity a large proportion is merely a *placebo*, to keep the mind of my patient at ease. He is sick, and I am called in to relieve him—he expects I will give him something—I give him a little colored water—he is satisfied, goes to sleep, awakes refreshed. Nature does the work and I get the credit. Formerly I was in the habit of giving large doses ingeniously compounded, and if my patient recovered, I knew not what to attribute it to—if he died, it was 'a dispensation of Providence.' Since my adoption of simplicity in treatment, my success has been greater than under the old system."

In conclusion I would remark, that students, as a general thing, pay too little attention to the subjects of materia medica and therapeutics, thinking them of no particular use; and that the dispensatories were compiled for the special purpose of saving them the labor of searching and investigating for themselves. The consequence is the land is flooded with recipe doctors.

MEDICINE AS AFFECTED BY GEOLOGICAL AND MINERALOGICAL INFLUENCES.

BY R. O. WILLIAMS, M. D.

The influence of soil, climate and atmospheric condition upon disease in its various forms has long been observed. In fact, it is agents of this kind on which many diseases depend, both for their origin and at least the chief part of their force and violence. A strongly carbonacious soil, for example, composed chiefly of decayed vegetable substances in a mild climate and with a moist atmosphere, has always been known and dreaded for its tendency to produce intermittent fevers. A similar condition of soil in a warmer climate with different meteorological condition forms, if not the basis, at least the most efficient cause of a large class of febro-biliary diseases, embracing yellow fever as its most prominent and perhaps distinctive type. The same class of diseases may exist in other conditions of meteorological phenomena, but they exist in a milder, or at any rate a changed and modified form. These are facts so common and so well understood that little need be said in relation to them. Yellow fever, intermittent fever, goitre and some other diseases, all have those particular localities and depend for their existence on some sort of atmospheric or geological phenomena.

But there are other facts connected with the science of medicine in this particular that seem to have been somewhat overlooked, and are, therefore, less thoroughly understood. It is certainly a very important and significant inquiry, whether, and if so, how far, medicine is affected by soil, climate, light, heat, and other geological and meteorological conditions?—how far its curative properties are changed, modified, destroyed, or rendered more active by these phenomena? There can be no question that such influences do exist, and do affect, often in a very important degree, the curative properties of various medicines, as exhibited in different localities. The same causes which produce disease may not operate alike on all remedies; and agents, too, may be found, which while they have no effect upon the living animal organism, sometimes render medicines entirely inert. These agents are by no means universal, but, like the ancient local divinities, they are confined to a particular habitation, and exert their influence, on the human constitution in the production of diseases in particular localities, and, perhaps, on one or more of the remedies employed for its cure.

Is it not facts like these that must serve to account, at least in some measure, for the differences so often observed in the same remedies as employed by different physicians in different parts of the country?—When a new remedy is recommended, it is seldom that all the influences exerted upon it, or even the real condition in which it has been exhibited, are given to the public. There is usually a simple statement that the medicine was given in such or such a disease, in a particular way, and with the most happy results. This is all very well, but may not tell half the story. The disease itself, under a given name, may have been modified and invested with peculiar characteristics by the various and perhaps unobserved incidents of climate, water, atmospheric conditions and geological formations. In such a particular state of things with all its unobserved surroundings, the remedy was found to work like a charm. Another man, however, lured by the glowing recommendation, undertakes to exhibit the same remedy in the same disease, as the *name* imports. But the circumstances of atmosphere, climate, geological structure, and a thousand other unobserved influences are entirely different, and force themselves either upon the disease, or upon the remedy, or perhaps upon both, consequently the man is disappointed in his expectations, and in his disappointment, wonders at the folly and curses the stupidity which in his view are exhibited in the previous recommendation. The disappointment in such cases, however, arises mostly, if not entirely, from the want of accurate observation on both sides—observation in relation both to the incidents of diseases, and the influences exerted upon it by surrounding geological and meteorological phenomena, that happen for the time to exist.

Aside from the extensive vegetable deposits in marshes and low lands, the perpetual decomposition of which give rise to those malarious exhalations, so frequent and so deleterious in some localities, there are various geological conditions in all places that should be carefully observed in the treatment of disease. These geological conditions have their influence more or less on all forms of animal and vegetable life.—In one place the water in common use has been found to be impregnated with lime, in another with sulphur, and in another with iron, soda, magnesia, one, or all combined, or perhaps with decayed animal matters and those constituting *vegetable mold.* These are circumstances to be noticed, and no one will presume that they are entirely inert and destitute of all actions on remedies that may be employed. There are numberless experiences in the life of the physician, which, at first mysterious, may find their solution in some such influences as these.

I have had in my own experience some practical demonstration of the facts referred to. A class of remedies of the highest value in those localities abounding in granite and other silecious and argillacious formations, have been found to be, not indeed valueless, but at least much less serviceable, in places where lime and sulphur predominate in the geological structure, so as to impregnate the water in common use among the people. The state of the atmosphere, and possibly other circumstances that escaped observation may have exerted some influence in the matter; but the geological conditions were evidently the chief causes, to which the singular results could be ascribed. The unexpected failure in a few cases, led to a more careful observation, and a more thorough inquiry into the real causes. Further experiments may be inserted to confirm the facts; but the subject certainly merits a more careful investigation.

The facts already observed are quite sufficient to show the influence of these causes on the medicinal properties of different drugs. It should never be presumed, because a remedy has failed in effecting good results when applied in some localities, that, therefore, it is utterly valueless. It may prove the very best that can be employed in the same disease in other places under different meteorological phenomena. The great error in this matter seems to arise from a want of observation in relation to the various circumstances and incidents under which a medicine has been given. The atmosphere in relation to its heat, cold, humidity, electrical phenomena, and perhaps the presence of virulent and malarious gases,—and the earth with its wonderful geological structure, its numerous elements, and multifarious combinations, solid, liquid or gaseous, all form important matters for careful and thorough investigation in the cure of diseases. Physicians at this age, of course, have no faith in the old theories relating to the influence of certain stars and planets upon different plants. But geological influences and meteorological phenemena, are certainly no less interesting as a matter of study to the modern Æsculapius. The influences here are by no means fanciful they are matters of fact, and though difficult of investigation, they will never escape the attention of the experienced physician.

VACCINATION.

BY DR. O. H. TRUE.

Some remarks in the *Medical World*, quoted below, attracted my attention, as have also those of other works upon the same subject. The vaccine question is worthy of still further consideration. If vaccination may be used to invigorate the infirm, let it receive due attention. The following is from the above named *Journal:*

"It is a common belief that there is a risk of introducing with the vaccine virus, the diseases or constitutional tendencies of the infant from whom the agent is taken."

"If it were really the case that vaccine-virus communicated with it more than the cow-pox, it might be found a valuable means of communicating vigorous, constitutional powers to sickly children, and would even be more valuable in this way, than in its application as a preventive of small-pox."

If Dr. Smith, really believed that vigor could thus be imparted to feeble individuals, we ought to adopt the means at once for invigorating the human race. A better idea was never set on foot by any philanthropist. Great mental and physical powers might thus be innoculated into shoots possessing diminutive capacities; and in time, a nation of heroes and philosophers be ingeniously introduced upon the face of the earth. But, however beautiful this may seem in theory, the practical results of vaccination seem to bring us to a far different conclusion. Ever since the general introduction of Jenner's lauded discovery a gradual degeneration of the human family has been noticed. It may be that the artificial style of living which has been adopted by moderns, is of itself sufficient to account for the prevalence of a good share of the intractable diseases of the present time. Yet that alone does not afford a satisfactory cause for the physical degeneracy so often noticed of late years.

The idea that one individual takes by vaccination the peculiarities of another has been ridiculed. As though one having the cow-pox must become decidedly bovine in character and appearance, because vaccine matter from the kine is innoculated into a human being. Some poetical lines have been perpetrated upon the subject.

> " There nibbling at thistle, stand Pim, Pol, and Mary,
> On their foreheads, O horrible! crumpled horns bud ;
> Then Tom with his tail, and poor William all hairy,
> Reclining in a corner, are chewing their cud."

We are informed that " the leading Surgeons of Paris, have decided absolutely, after numerous and varied experiments, that even Syphilis is not capable of being transmitted with vaccine virus."

If the leading Surgeons of any country were able to decide absolutely any point in medicine, even when the subject was much easier to be understood than the subtle one of small-pox prevention by establishing the vaccine disease, then might more confidence be placed in their investigations. Men of every grade are liable to arrive at erroneous conclusions. Ricord and a host of his ready followers, believe that the poison of Syphilis must be conveyed in the form of pus. Yet dilligent observers in this and others countries, are of the opinion that the poison is present in many of the normal secretions of an individual tainted with the disease. The Saliva of infants affected with Syphilis, it is now well known, will when applied to the nipple of a strange nurse contaminate her. If the poison abide in the Saliva of the child, is it not likely to be in the child's blood ?

And, if in the blood, may it not vitiate the contents of the vaccine pustule ?

By a similar course of reasoning we may be led to inquire whether other diseases may not be communicated through the fluids of the vaccine pustule. There is no apparent reason why Scrofula might not so modify the fluids of the body as to vitiate the secretions that enter into the formation of the scab used in vaccination, and become transmissible. Dr. Trall, mentions a case, in which he asserts that he has seen "a most horribly loathsome case of Scrofulous disease come from unhealthy virus, and remarks that in practice he would keep children as healthy as possible, and if the small-pox happen along, let it have its natural course."

Prof. Bartlett, of New-York, believes that vaccination is a prolific cause of the spread of tuberculous disease, and reports a large number of cases to show that a vaccinated child is more likely to die of consumption than one that is allowed to grow up free from the vaccine disease.

Prof. Schmoele thinks that sufficient care is not exerted in the selection of subjects from whom the vaccine matter is taken, and alludes to cases that have undoubtedly been aggravated by the introduction of the vaccine disease. Many previously healthy children have soon began to show symptoms of decline after vaccination.

The example of many European practitioners should be followed, who always collect their vaccine matter from the cow. It would serve to do away with much prejudice against a practice that has beyond question, saved this and many other countries from the devastating ravages of a disgusting disease, and prevent the tainted influences of one individual from entering another by vaccination.

But it is urged that cattle may be laboring under some constitutional disease when innoculated for the purpose of securing a supply of virus. A horse is subject to several diseases that can be communicated to the one grooming him. May not the cow be the source of some disease when innoculated? This is a question worthy of consideration. And no careful physician would obtain virus from an animal fed on slops, or otherwise exposed to the noxious influences of unhealthy food.

It is the business of every medical man to investigate this subject more thoroughly, and make a report of any conclusion arrived at which would tend to enlighten the profession on a topic of such vital importance to the race. Many are collecting everything prejudicial to the practice of vaccination. It is the common reaction that follows any discovery that has been exalted beyond its desert. Some would endeaver to show that vaccination had proved a curse to our race. It is to be hoped that good may come out of the attempts to discourage the practice of vaccination, by exciting those who advocate its merits, to render it free of the objections that are now heaped at its door.

TREATMENT OF SCALD HEAD.

BY PAUL W. ALLEN, M. D.

Formerly, the writer of this brief article was accustomed to contribute to periodicals devoted to Eclectic Medicine. Recently, a large private practice and the care of a government Marine Hospital, have deprived me of the time necessary to prepare articles for the medical press. In truth, I have thought of preparing articles, thousands of times, but have always associated the idea of writing at all, with that of writing *long* articles; and not having time to write those, I have very naturally omitted to write *any*.

But the perusal of the articles in the November number of the College Journal, last evening, gave me so much pleasure, that I resolved to contribute something immediately for your pages; and in hastily writing a few concise paragraphs on the Treatment of Scald Head, I only desire to intimate a remedy which I have found very efficacious in curing an affection so often intractable.

The remedy to which I refer is the "Black Plaster or Healing Salve" of Dr. Beach. Dr. Beach was not probably aware of the efficacy of this ointment on Scald Head, as he does not refer to it, in his "Family Physician," either in speaking of the treatment of this disease, or in connection with the recipe for this preparation. And in my own practice, it has been used in only four cases; but in each of these it was entirely and speedily successful.

Permit me to quote, *verbatim*, from the last volume of my Note Books, the following, which contains a statement of the last case treated.

No. 91. Wm. Maxim's Child—Scald Head, Sept. 26.—I was called to this patient two weeks since, the child then being only four weeks old. The case was a very bad one. The affection occupied all that portion of the head usually covered by the hair, and also extended upon and below the ears, and over the back portion of the neck. I have used Beach's Black Plaster with most admirable success. It has been freely applied, daily, on pieces of fine linen, for two weeks, and the case is cured, at least temporarily."

To this date, Nov. 19th, the affection has not returned. Neither has there been any return of this affection in the three other cases which have been treated, nor has any internal medication, by alteratives, been used in either case.

In a pretty extensive practice, of fourteen years, various allopathic, botanic, homœopathic and domestic remedies have been used, but if it be proper to judge from so small a number of cases as *four*, the "Black Salve" is entirely superior to any other treatment. My professional brethren will confer a favor by faithfully testing this remedy, (accidentally discovered to be such by using it when I had no other mild ointment in my trunk,) and reporting through the College Journal, whether it be as successful in their practice, as it has proved to be, in all the cases in which I have used it. I hope they will be just as faithful to report cases in which it is not successful, as otherwise; especially as this affection is often cured in some cases by remedies which prove useless in others. All physicians want *facts* as the basis of their opinion of any remedy; and it is as necessary to know the relative number of *failures* as *cures* by any given remedy, in order correctly to know its efficacy.

BOTANICAL QUERIES.

BY WELLINGTON ROSE, M. D.

In my investigations in regard to Medical Botany, I have frequently observed a *want* of information in the systematic works on Botany in reference to many plants of deep interest to the medical practitioner.

There are many plants in our country, which possess valuable remedial properties that writers have not mentioned ; and there are others which are poisonous whose deleterious properties are not clearly pointed out. Hence I wish to make some enquiries in regard to one or two plants, of the readers of the College Journal.

The *Zizia aurea* by some called the Golden Alexander, and the *Sium*, or Water Parsnep, and by some I believe called the Muskrat Root, are both considered by writers poisonous, the latter much more so than the former, and the *seeds* have been used in the treatment of Epilepsy and Vertigo, yet I think the *root* of much more value, but neither have been sufficiently investigated by medical men.

What are the differences between the two plants, or between the root and the seeds of either when taken internally? What are the symptoms produced by a poisonous, or a medicinal dose?

The common *Lilac*, or the Syirnga vulgaris has been used in medicine, and I wish to know if its bark may be used as a substitute for Angustura bark and what are its medicinal properties. Information in regard to these and other plants will be very acceptable.

EDITORIAL DEPARTMENT.

COLLEGE JOURNALL.

With the present number the College Journal closes its Second volume, and the long list of Contributors and its ample Index prove that during the year its friends and contributors have not been idle.

When we examine its *five hundred and eighty-four* very large octavo pages of entirely *original* matter, (with the exception of a few short selections in the February number,) illustrated by *twenty-seven wood cuts*, some of which are very beautiful, and all serve well to illustrate the text, we are sure that we have done all, and even far more than we promised, towards furnishing our subscribers with a Journal of Medical Science; and we are pleased to know that our efforts have been appreciated by our readers.

Knowing the friends of Rational Medicine were desirous of concentrating their efforts and patronage as much as possible, we have within the present year added to our subscription list the subscribers of the *Worcester* (Mass.) *Medical Journal* and the *American Medical Journal* of this city; thereby extending our field of usefulness, as well as securing the co-operation of the friends of those publications.

But the present year has now drawn to a close, and we refer to the past of our labors as an earnest of what we shall do in the future.

The College Journal will continue to be published by us monthly, in the first part of each month, of its present size and price, and with only those changes which our increased experience and facilities will afford. We shall continue to illustrate it with cuts whenever we think they will render it more intelligible to our readers or valuable to our subscribers, and we shall mail it promply to them, sparing neither effort nor expense to make it the cheapest and best medical magazine in the world.

While we would return our warmest thanks to the many friends who have aided us with their pens, their influence, their words of friendship, cheer and encouragement, we feel that we are asking only what will be cheerfully granted when we request all to renew their subscriptions *promptly*, and to ask others to subscribe or send to us the names and address of such physicians as they think may desire to become subscribers to the College Journal for 1858.

Our experience with the *advancepay* mode of publication has proved so entirely satisfactory to all, that as heretofore, we shall not enter upon our Mail Books the names of any except those who *pay* for the Journal, and thus are fully entitled to receive it, and have no fear of duns for arrearages.

All Communications for the JOURNAL, as well as all subscriptions, or requests for specimen copies should be addressed to the Publisher,

DR. C. H. CLEAVELAND,
139 Seventh St.,
Cincinnati, Ohio.

WHO SHALL WEAR THE LAURELS?

In the March number of the *London Lancet*, 1857, Dr. Marshall Hall, published a paper in which he announced for the first time as he thought—the existence of an *Excito-secretory* nervous system not less extensive than that of the excito-*motory* system discovered by him in 1837. His investigations were based upon the experimental researches of Mons. Claude Bernard of Paris.

We have received a phamphlet from Dr. Henry F. Campbell, of Georgia, in which he claims priority in the discovery and naming of this excito-secretory system of nerves and in which also he makes extracts from papers read by him before several Medical societies to substantiate his claim. These were published in the *Southern Med. and Surg. Journal* for June, 1850, and in the minutes of the sixth Annual meeting of the *American Medical Association* for 1853.

Dr. Marshall Hall, acknowledges the claim of Dr. Campbell as follows. "I arrive at this conclusion: the *idea* and the *designation* of the excito-*secretory* action belong to Dr. Campbell, but his details are limited to pathology and observation. The elaborate experimental demonstration of reflex excito-secretory action is the result of the experimental labors of M. Claude Bernard."

But no sooner was the claim of Dr. Campbell acknowledged by Dr. Hall, than a Dr. Allen, formerly a professor in a Medical College located in Indiana, which has long since sunk into nonentity, appears as a candidate for the *honors* of a discoverer and claims priority over both Dr. Campbell, and Dr. Hall. In his claim published in the September number of the *Medical Independent*, he says: "I shall undertake to show that this same doctrine was FIRST publicly announced and illustrated in my lectures at the Indiana Medical College, in November 1848." And as proof of the statements, he brings forward his *manuscript* which *he* says was written in May, or June, 1848—and the letters of some of those who attended his lectures—thus establishing as he supposed beyond the possibility of a doubt his claim to the *discovery.* But just as Dr. Allen begins to enjoy in imagination the fame of a scientific investigator and discoverer, his plumes are suddenly tarnished by a paper from Prof. Paine, of the University of New York, in which he asserts that all the *wonderful discoveries* appropriated by Dr. Allen to himself, may be found in his (Paine's) *Institutes of Medicine*, published *more than a year previous to the writing of Dr. Allen's manuscript.* And what is still more flattering to the *fame* of Dr. Allen, is "that in many chapters of this work particularly in those upon REMEDIAL ACTION, THERAPEUTICS, COUNTER-IRRITATION, CATHARTICS, etc., the reader will find Dr. A.'s, Capitals and Italics."

It is really curious what *unaccountable co-incidences* will sometimes develope themselves in the minds of different men, while laying claim to any new hypothesis, especially where any reputation is to be obtained. Much of the claim to discoveries of the present day, are but the acknowledgement of the character of the claimant either as a *knave* or an *ignoramus.*—A knave by wishing to attribute to himself the results of the labors of others—or an ignoramus by proving that he has not acquainted himself of what others have said on the same subject before him.

ARE THE COMMON OBJECTIONS TO VACCINATION WELL FOUNDED?

In the last issue of the *British and Foreign Medico-Chirurgical Review* is an excellent paper on the subject of small-pox, and Vaccination. It is a review of some Parliamentary papers presented to the President and Council of the Epidemiological Society by the small-pox and Vaccination Committee, together with observations upon the letters and Reports of Dr. Seaton and others on the same subjects. It contains statistical tables which of themselves are sufficient to overthrow the flimsy doubts and skepticism of those who would encourage the neglect of a practice—that of vaccination—which has beyond the shadow of a doubt, saved more precious lives than any other remedial measure. The mortality attendant upon each visitation of the small-pox epidemics is familiar to every one, or may be, as the subject is one that has engaged the attention of the medical profession in every country, and carefully prepared statistics upon the subject, are the basis of legislative enactments in this and other civilized governments. With such knowledge within the reach of all it is a little surprising that men are found who will attempt to support an ill-defined notion in regard to some supposed pernicious influence inherent in the practice of Vaccination, and to propagate erroneous and absurd popular notions in regard to the nature and extent of the supposed deleterious consequences of such a practice.

Among the lamest of these is the notion that the process of Vaccination as a medium, has served to spread several specific diseases by a combination with the vaccine virus. of the seeds of consumption, scarlet fever, measles, venerial, &c. Such notions seem as presumptuous as those of Graham, which make flesh and the greases the cause of nearly all the ills that inflict the human race. In future time what ingenious individual shall say that the present almost universal use of potatoes is the cause of pulmonary phthisis, and other diseases commonly denominated Scrofulous? Or, will not the doctor's saddle bags be accused of conveying from house to house some subtle "consumptive," influence which shall serve to contaminate the atmosphere and through it the healthy blood of all who are unfortunate enough to snuff it? It is easy to set the speculation on foot, much easier than to prove the contrary by experiment and observation.

By reference to the proceedings of the British Parliament for 1853, it will be seen that what is known as "Lyttleton's Vaccination Act," was passed. It had in view the compulsory practice of Vaccination. During the passage of the bill much discussion arose as to the real protection afforded by the vaccine disease, and in regard to the probability of any other disease being communicated with it. Dr. E. C. Seaton by appointment, acted in behalf of the Epidemiological Society, and prepared a report upon the subject at issue, and the conclusions arrived at by him and others investigating the question, were produced from "the largest and most accurate mass of statistical evidence which had ever been brought to bear upon the question." The results of the labors of those interested were so conclusive, and favorable to general vaccination, that the bill was easily passed; and during the following year the intentions of the measure were carried into effect. Yet some were opposed to the bill, and did much to defeat the intention of it by exciting popular prejudices against its workings. Among them was Mr. Mitchell a member of Parliament, who though a non medical man, entertained a violent hatred to the memory of Jenner, and expressed the belief that "Vaccination had introduced 'no end' of diseases into the human body! and that the existence of cow-pox had been a curse to mankind." At this time Mr. Simon, author of Lectures on pathology, was selected by the General Board of Health "to lay before it such medical facts and considerations as may assist in estimating the hygienic value of Vaccination, and *the strength of any objections* which may have been alleged againsts its general adoption."

And among the several propositions he considered, was the following: "What evils have been shown to attend its practice, and to counterbalance its alleged advantages." His labors to that end were arduous, and the results interesting; and they will do much to remove the groundless apprehensions of those who have hitherto supposed that all sorts of evils grew out of vaccination. This report which is made up from the tables of the strictest observers in various parts of Europe, demonstrates that the vaccine disease when it is perfectly developed as known by the cicatrices, proves so far a protection against fatal results from small-pox that less than *half of one per cent.* of those attacked with variola and varioloid die. And that it exercises "a protecting influence *indirectly* over the health of the community," was demonstrated by statistics "which show that the *general death-rates from other diseases diminished*," after the introduction of vaccination, "and more especially as regards *scrofulous* diseases." As this was a contested point among the interested, accuracy was demanded from extensive research. Tables were obtained from the register's reports of several countries. From these it appears that "there are two special classes of diseases whose death-rates have diminished in a remarkable degree. These diseases are those of the turbercular order of the constitutional diseases—namely scrofulous affections, including phthisis, or pulmonary tuberculosis; and secondly, the continued fevers, and especially the typhoid form of typhous affections—diseases belonging to the miasmatic order of the zymotic class."

It would be unreasonable to suppose that the influence of vaccination alone has diminished the death-rates in other diseases than small-pox; for the general hygienic measures established since the introduction of vaccination afford a rational ground for the marked diminution in the records of mortality. Yet it has been observed that whatever favors the return of a small-pox visitation, favors the development of that miasmatic condition in which fevers, and cholera are particularly prevalent and fatal.

In the second volume of M'Culloch's description and Statistical Account of the British Empire, it will be seen that fever has progressively subsided since 1771, and that the *combined* mortality of small-pox, measles, and scarertina *is now only half as great* as the mortality formerly occasioned by *small-pox alone*."

Statistics of all the large cities of Europe indicate that there has been a progressive improvement in the general health of the population since the influence of vaccination has become universal. Dr. Greenhow, by investigating the subject of vaccination and its remote influences was able to show that "during the middle of the last century *before* vaccination was known, the scrofulous death-rate was more than five times as great as our present one: and that the pulmonary death-rate of the present time is seven per cent. lower than the pulmonary death-rate from1746 to 1755."

Other records afford accumulative evidence of the same character; and should for the policy of every state be ably presented for legislative consideration. Laws compelling general and thorough vaccination would secure health and prosperity to the people.

BOOK NOTICES.

The American Eclectic Practice of Medicine; by I. G Jones, M. D., Late Professor of the Theory and Practice of Medicine in "The Eclectic Medical Institute of Cincinnati," etc. etc. Extended and revised at request of the author by Wm. Sherwood, M. D., Professor of Medical Practice and Pathology in "The Eclectic College of Medicine;" formerly Professor of General, Special and Pathological Anatomy in "The Eclectic Medical Institute of Cincinnati," etc, Cincinnati: Moore Wilstack, Keys, & Co., 1857.

The rapid sale of the first edition of the *American Eclectic Practice of Medicine*, rendered it necessary that a new edition should be issued, and the improvements which are continually being developed in Pathology and Therapeutics demanded something more than a mere reprint of this valuable work.

The "posthumous writings of Prof. T. V. Morrow," have been omitted, as being for a great part a reiteration of that taught in the other part of the work, and in their place are inserted a series of lectures on the general principles of medicine prepared by Prof. Sherwood, which occupy two hundred and seventeen pages, and serve as introductory to the description and treatment of special diseases. The charge that the "practice of medicine," is governed wholly by empiricism is being dispelled by the recent investigations of the actions and relations of the living economy in health, as well as in disease; and the science of medicine is placed upon a footing somewhat corresponding with that of the other sciences.

It has too long been the case that the truly scientific in the profession were almost wholly unacquainted with the *practice* of medicine; while those, who from long experience had become eminent practitioners, were equally destitute of any knowledge of medicine as a *science.*

It is the union of these, which constitutes the successful practitioner of the present day, and we are pleased to see that so much space is devoted to this important branch of medical literature; and although brevity is a leading feature, yet all the topics are discussed in a clear and intelligible manner and are none the less acceptable, because of the absence of uninteresting details.

The general arrangement of the lectures of Prof. Jones as they appeared in the first edition, is still retained, with only such modifications of, and additions to the original text as were deemed advisable. Of the value of this portion of the work it is useless to speak, as the urgent demand for it since the first edition was exhausted, afford incontestible evidence of the high estimate placed upon its merits by the medical profession; and the reputation of Prof. Sherwood as a medical teacher and his success as a practitioner are a guarantee that the value of the work has not deteriorated by passing through his hands.

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Proceedings of the American Pharmaceutical Association at the Sixth Annual Meeting held in Philadelphia, Sept. 1857, with the Constitution and List of the members.

This volume of Transactions of near two hundred pages is one of deep interest and value to the profession. In addition to the *Proceedings* proper and Reports of the diffrent Committees, there are various papers on various subjects by different members of the Association.

From the Communication from Dr. M. J. Bailey, formerly Special Examiner of Drugs &c. for the port of New York we are told that during the time he held that office he rejected over *nine hundred thousand* pounds of unsafe, adulterated and improper drugs and medicines. From this we may infer the very large amount sold by the trade before inspection was established by act of Congress.

◆

The Brithish and Foreign Medico Chirurgical Review or Quarterly Journal of Practical Medicine and Surgery, Vol. XX. No. XI. Re-published by S. S. and W. Wood, N. Y., Oct. 1857.

This periodical for the Quarter ending in Oct. has come to hand, and is richly laden with Reviews, Reports, Records, and Original communications. Considering the amount and quality of its reading matter it is a cheap and desirable publication.

◆

Elements of Materia Medica and Therapeutics, by J. Kost, M. D.

The reprint of this old and well-known work, is announced as just published. Not having seen it, we can not speak of its merits.

Principles of Chemistry; Embracing the Most Recent Discoveries in the Science, and the Outlines of its application to Agriculture and the Arts. Illustrated by numerous experiments, newly adapted to the simplest apparatus. By John A. Porter, A. M., M. D. New York: A. S. Barnes & Co. 1857.

This recent candidate for public favor, was written as a text book for the schools, and for those who have at their command but few articles of chemical apparatus, and not for the student or practitioner of medicine. As the design indicates, the work is simple, disencumbered by detail, and otherwise is well calculated to be placed in the hands of the non-professional pupil.

MISCELLANY

ECLECTIC MEDICAL ASSOCIATION OF THE STATE OF INDIANA.

The members of this Association met at Indianapolis, on the 6th, day of October last, pursuant to a call published in the Sept. No. of the College Journal, and continued in session two days.

At that meeting a permanent organization was effected by the adoption of a Constitution and By-Laws, and the election of permanent officers.

An abstract of the doings of the Association was sent us for publication by the Recording Secretary, Dr. O. H. Kendrick, but as it did not arrive until over *six weeks* after the meeting and after the Journal was in the hands of the printer, we had not room for a more extended notice.

INFORMATION WANTED.

We will be grateful to our readers for information as to the present whereabouts of Dr. Daniel Higbie, formerly of Sylvian Center, Mich., and Dr. W. W. Ingalls, formerly of Olive Branch, Clermont Co., Ohio. Our Collector has bills against them for Advertising which he expects to collect as soon as he can learn their present residences.

MARRIED.

On the 11th of November, by Rev. J. V. Miller, S. M. Weaver M. D., of Indianapolis, and Sallie A. F., youngest daughter of Geo. Abrams, of Aurora, Ind.

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